EXHIBIT 4

| | | W YORK COUNTY CLERK 06/14 | /2018 11:2 | | INDEX NO. 45 | |
|-----------|-------|---|---------------------------------------|--|---------------------------------------|---------------------------------------|
| NYSCEF DC |)C. N | ···· | | RECEL | VED NYSCEF: 0 | 6/14/2018 |
| • | • | THE DONAL | LA J. TRUI | 4 P FOUNDAT | TON INC. | |
| | | ATTACH | MENT TO FO | AN 990-PF | 1988 | |
| | | | 15+ | | | |
| | | | | | · · | |
| , | | | | CONTENENTIONS | | |
| ÷ | | | | RELEIVED | | |
| | | | | | | |
| | | PART J LINE 1 | | | | |
| | | | | | | |
| | | DONALD J. TRUMP | | | | |
| · | _ | 72) FIETH AVENUE | | | | |
| | | NEW YORK, NY 10022 | | 551512 | · | |
| | | | | | | |
| · | | P | | | | |
| | | PART I LINE 23 | | | | |
| | •• | AMORTIZATION SCHEDULE | Cost | PRIOR YEARS | | Accusio |
| | | MORTIZATION SCHEDULY | L Cat | ArtoRTIEATICA | AMORT, EXP. | ALATLI |
| | | ORGANIZATION COSTS JUR 187 | 18563 | 3094 | 37.13 | 680 |
| | | CREAN THE LOAN COSIS SHE 187 | | | | 630 |
| | | Тотац | 18:51.3 | 3094 | 3713 | 6.80 |
| | | | | | | |
| | | | | | | <u></u> |
| { | | | | ····· | | |
| | | PART 1 LINE 18 | | | | |
| | | | Amount | | | • |
| | | TAXES - NYS TAX | 25 | | 1 . | 1 |
| | - | | | | | |
| | | | | | | · |
| | | PART 1 LINE 16 | PAYEE | | AMOUNT | 5. |
| | | LEGAL FEES | DREYER AN | D TRAUB. | 5088 | - |
| | | ACCOUNTING FEES | SPANE, LACHE | , BEEK +NAIME | <u>e 1000</u> | ÷ |
| | - | - · · · · · · · · · · · · · · · · · · · | | ······································ | · · · · · | · · · · · · · · · · · |
| · · · | | | · · · · · · · · · · · · · · · · · · · | | | |
| ••• | | · · · · · · · · · · · · · · | | • | ····· | · · • |
| · # | | | | | | |
| | | | * | | | |
| | | | | | · ···· ·· ··· ··· | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | 1 |
| · | | THE FOUNDATION HAS ELECTED | To AMORT | ZE ORGANIZ | ATION COST | s |
| | | OVER 5 YEAR LIFE | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | | |
| И | | u . | u • I | 1 12 | • 1 | • |

| | A | | | A. ICN LIV | C / |
|-----------------|--|--------------|---------------------------|-------------------|----------------------|
| ·· | THE DONALD ATTACHMEN | T TO FOR | m 990- P | E 1989 | |
| | 10* | | | | |
| · | | | | | |
| 14 J | | | VONTE IGITIONS | | |
| | | | CONTRIBUTIONS JECRIVED | | |
| · | | | ACTIVITIE | | |
| | PART I LINE ! | | | | |
| | | ╺╫╺╁┽╎┠┿┽┼╍┥ | ┠┈╋┽┟╉┽┾╉╼┨ | ┍╌┠┿┥┼┿╽╏┈╣ | |
| | DONALD J TAMMP | ╋╼╂┼┾╆┼┼╍┥ | ┝━┟┼┼┟┊┽╶┠━╸╽ | ┍╾╉╍╂╌╂╼╡╴┟╶┨╸╸╴╢ | ┝╍╍╋╾╎╌┞╼╉╶┿╍┙ |
| | Clo The Terme Parments | ╫╸╁┼┾╂╎┼┽╶┥ | ╾┟┽┤╻┿┆┟╸╢ | ╾┼┾┼┼╀┼╷╢ | |
| | CLO THE TRUME OLLANIZATION 725 FIFTH AVENUE | ╏╌┼┼┼╆┽╎┼╾╽ | ┝╼┽┼╌┟┊┽┦╼╸╣ | ─┿┽╎╇╎╎╌┤┈╟ | |
| ┉╢╷╷ | NEW VOR" NIL 10000 | ╋╼╂┼┼╂╴┨ | | | |
| | NEW YORK NY 10002 | ╫╺┟┽┽┨┼┽┥╺┪ | 1020000- | ╾┼┼┊╿╽╷╽ | |
| ╾╢╼╀╴ | | ╉╼╃┼┼┾┽╎┼╸┪ | | | |
| ╌╂╼╂╴ | | | | | |
| ── ┟ ─┼- | ART I LNEIL LEBAL FRES ACCOUNTING FRES | 1AYAA | | Amaunt | |
| | LEBAL FERS | DREYER M | RANB | 8164- | |
| | 40COUNTING FERS | PATIA LACTA | 2 & Steren | 100- | |
| | | 1 1 1 1 | | | |
| | | | | | |
| | PART I LINE 18 | HODIAT | | | |
| | | | | ╶╊┼┼╋┼┼╊╸╫ | ╺╍╉┋┊┲┠┊╧╘ |
| | TAXES - NYS TAX | 25- | | | |
| | | | ╶━╍╌┼╸╴┼╾╫ | | |
| | | | | | ······ |
| | PARTI LINE 23 | | | | <u> </u> |
| | | | ROL LEAKS | | |
| | ADDRTIZATION SCHRAMEN | 1057 | Andetizin | | BELUDUL |
| | price and the schere - | | TADE TI ZATADA | TAICAT TY. | ARCUMUL AMORT. AZ |
| | DEGANIZATION CASTS \$/18/17 | 10512 | 6807 | | |
| | | 18563 | | 9/12 | 1052 |
| | TOTAL | 16512 | | | |
| | 10172 | 18563 | 6807 | 3719 | 10520 |
| ╺╼╾╢╾╾┼╼╸ | | | | | |
| | | ┠─┼──┼─┟─┟ | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | 1 |
| | | | | | |
| | | | | | |
| | | | ╶┊┊┊┠┶╸┠╸┨╴ | ┦╽╎╏┊╏╶╟╸ | |
| | THE FOUNDATION HAS COSTS OVER 5: YE | | To Amera. | | |
| | IN UUNDAIINA IAS | NI LURIALD | ID I MODAL | | ZATE |

INDEX NO. 451130/2018 :23 AM YSCEF DOC. NO. RECEIVED NYSCEF: 06/14/2018 50 THE DONALD J TRUMP FOUNDATION INC. ATTACHMENT TO FORM 990- PF 1990 IN CONTRIBUTION KECKIVED PARTI LINE 1 DONALD J TRUMP CO THE TRAMP DREAMIZATION 725 FIFTH AVENUE 11 NEW YORK, NY 10022 135000 PART I LINE 16 PAYRE PAHR, LAC ACCOUNTING FRES PART I LINE 18 MOUN ; 1 ł TAXES - NYS TAX 25 PART I LINE 23 Arion Ja AMORTIZATION SCHROULE Cast Amoatization Amont. Are. ALCHANIA ABORT. 121 ORGANIZATION COSTS \$/18/07 18563 10520 3713 14233 THE FOUNDATION HAS KREETED TO AMONTIZE CLEANIZATION COSTS OVER 3 VEAR LIFE.

| | Attant | Trump Found | and LAC. | | |
|----------|-------------------------------------|-------------|---------------|----------------------|---------------------|
| · | | -#F | | Preparec Approved | By |
| AS | <u> No. 7304</u> | . (1) | (2) | (3) | 14 |
| | | | | | |
| | | | | - | |
| 1 | Part I Line 1 | Payor | | | |
| 2 | Contributions Receive | ed Donald J | | Amount | |
| 3 | | | (reng) | 1,1500- | |
| 4 | | | | | |
| \$ | Part I Line 16b Accounting Frees | Payee | her a Sperber | Amount | |
| 6 | Accounting Fres | Soche Lal | her + Seerber | 2000- | |
| 7 | | | | | |
| 8 | | | | i : | |
| 10 | | | | | |
| 11 | Part I Line 18 Films fee-NYS - 1 | Ampun | | | |
| 12 | FILING FEE-N.Y.S. | | | | ┟╍╎┊┊╏ |
| 13 | | | | | - |
| 14 | | | | | ┝╌ ╏ ╶╷┨ |
| 15 | | | ┝╼╋╶┼┊┼┼┼ | | ┝╼╉╄╀╋ |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |
| 21 | | | | | |
| 22 23 | | | | | |
| 24 | | | | | |
| 25 | | | | | |
| 26 | | | ╾╫╼┿╸┼╶┽┼ | | |
| 27 | | | | | |
| 28 | | | | ╺╫╶┼╌┾┊╌╀╌╟ | |
| 29 | , | | | | |
| 30 | | | | | |
| 31 | | | | | |
| 32 | | | | | |
| 33 | | | | | |
| 34 | | | | | |
| 35 | | | | | |
| 37 | | | | ╶╫╌┊╌┊╷╶╢ | - |
| 38 | | | | | |
| 39 | | | | | |
| 40 | | | | | ! ! |

| | DOC. NO | YORK COUNTY CLERK 06/1 | | ם דרים | EIVED NYSCEF: | 06/14/20 |
|---------------|-----------------|--|-------------|--------------------------|---------------------------------|-------------|
| • | • 4 | The Donald J Attachment I 0 # | to Form 1 | 10-PE-1994 | Prepared E | |
| | ASH | 40.7304 JO# | (1) | (2) | Prepared E Approved B (3) | (4) |
| \mathcal{C} | | | | | | |
| ` | <u>}</u> | | · - | <u>.</u> | · · | |
| | 1 | Part I Line 1 | Paupo | | Amount | |
| | 2 | Contributions Received | | ruma | 12500- | - |
| | 3 | | Burda Ru | licenens | 5000 - | |
| | 5 | | | eus | 5000 - | |
| | 6 | | | nited | 5000 - | |
| | 7 | | National E | Vishing Musilen Inc | 20000- | |
| | 8 | Contributors of Unden | 15000 Total | | 6932 | |
| | | · · · · | | | | |
| | 10 | | | | 74437 | |
| | 12 | | | | | |
| | 13 | Port I Line 16b | Paure | ╋ ╸┍┍┊╶╶┍┥╸╶┢ | Annount | |
| | 14 | Part I Line 16b Accounting Fres | Spite Lau | eri specker | 1000- | |
| | 15 | | | | | - |
| | 16 | | | | | ╶┨┥┨╿╸┊ |
| \mathbf{C} | 18 | Part I Line 18 | Amount | | ╺╊┇╎╏┆┊┠╸╋ | |
| | 19 | Part I Line 18 Filing Fre - NYS | 1 52- | | | |
| | 20 | | | | | |
| | 21 22 | | | | | |
| | 23 | | | | | ╶╂┼┾┼╄┥ |
| | 24 | | | | | |
| | 25 | | | | | |
| | 26 | | | | | |
| | 28 | | | | | ╌┠╌┝╌┠╌┠╸╴╹ |
| | 29 | | | | | |
| | 30 | | | | j | |
| | 31 | | | | | |
| | 32 | ······································ | | | | |
| | 34 | | | | | |
| | 35 | | | | | |
| | 36 | | | | ━╅┊╁─╂╼╫ | |
| (| 37 | | | | | |
| | 38 | | | | | |
| | 39 40 | | | | | |
| | ~⊩ | | | | | |

| | Attachment | 5. Trump Tou | indetion | | 1776-646 |
|------|-------------------------------------|--------------|---------------|--------------------------|----------|
| | ID# | 10 10/190 | | Prepared B Approved B | 2 |
| | <u>SH No. 7304</u> | | (2) | (3) | (4) |
| | | | | | |
| | | | | | |
| 1 | Part I Line 1 | Paulor | | Amant | |
| 2 | Contributions Received | 1 Donald J. | Trump | 60000- | |
| 3 | | | | | |
| 4 | | | · · | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | Part I Line 16b | Payee | | Annoant | |
| 10 | Part I Line 16b Accounting Frees | _ Speckedad | her & Syender | 1000- | |
| 11 | <i>v</i> | | | | |
| 12 | | | <u>:</u> | | |
| 13 | · · · | | | | |
| 14 | | | | ╺╢╼┠┽┼╂┊┆╴╢╴ | |
| 15 | Part I Line 18 Filing Fee -NVS | Amount | | | |
| 16 | Filing Fee -NYS | 50 - | | | ┥┥┥ |
| . 17 | | | | | |
| . 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | ╉┫╋ |
| 21 | | | | | |
| 23 | | | | ━╫━━┼┈┿╌┼╌╴╫╴ | |
| 24 | | | | | |
| 25 | | | | | ╶╂┽┾┾ |
| 28 | | | | | |
| 27 | ··· | | | | |
| 28 | | | | | |
| 29 | | | | | |
| 30 | | | | | |
| 31 | | | | | |
| 32 | | | | | |
| 33 | | | | | |
| 34 | | | t | | |
| 35 | | | | | |
| 36 | • | | ţ | | 1 |
| 37 | | | | | |
| 38 | | | · · · | | |
| 39 | | | | | |
| 40 | | | | | |
| 1 | | | | | |

| | | | | | | K | COU | NT | Y | CLE | RK | 06 | /1 | 4/2 | 018 | 1 | 1: | 23 | AM | | | | | | | 1130 | |
|----------|--------------------|----------------------|-----------|----------|----------------|---------------------------|------------|----------|----------|--|--------------|------------|------------|----------|--------------------------|----------------|---------------|----------|--------------------------|----------|--|---------------|------------|----------|----------|------|-------------|
| | DO MIANI | C. N | 10. | | | • • | . ' | • | | | | | | | | | | | |] | RECE | EIVE | D NY: | SCEI | F: 0 | 6/14 | |
| UPPL | Y HOUS | Ē | | | \$ 16 | 142 - 1444) 142 - 1677 | • | | | | | | | | | | | | | | | | ł | Prepa | rea By | | 5 |
| | | | | | | | | | | | | | | | | | | | | | | | Ī | | ved By | 1 | |
| | | | | | | | | | 7 | HF | \mathbb{N} | XF | н г | \ .T | | 2 | i Al | 0 1 | $\langle \gamma \rangle$ | NIN. | ATI | onl | | | | | |
| | | | | | متداعلك الميال | | | | | HE A1 | | <u></u> | 7 | r · | 70 | $\overline{4}$ | av | α | | | | $\frac{1}{2}$ | | | | | |
| | | • | | | | | | | | £1(| 111. | TIM IN | + | | $\overline{\mathcal{O}}$ | <u>N</u> | | <u> </u> | <u>70</u> - | PT | <u> </u> | 776 | 2 | | | | |
| | | | | | | | | | · · · · | | | 10 | | | | | | | | | | | | | - | | |
| _ | | 11, | | | | | 2. | | | · · · · | 3 | | | | 4. | | | | 5) | | | | 5 | | | | |
| | | | | T | | | | | Т | •••••••••••••••••••••••••••••••••••••• | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | |
| 1 | 20 | | ╉ | 1 | 1. | E | 4 | T | ╈ | | T | 1 | | | hno | | | · 1 | | Τ | | Δ | 100 | | | | |
| 귀 | | in the second second | | | | | | | 1 | | + | - | | | 170f | | | | | | ┼╌┤ | | an | | | | |
| 4 | ~ ! | RIE | <u>41</u> | ╀ | Ŧ | | rie The | NE | ₽_ | + | | | DV. | 80 | J. | TR | μN | 12 - | | - | | .57 | 600 | | | | |
| -+ | +- | ┣── | | ╇ | + | | ļ | | | | | | | | <u> </u> | | | <u> </u> | | | ┨──┤ | | | ļ | ┣─┼╴ | | |
| | + | | + | ╋ | | | | | | | - | | | | | | | ļ | <u> </u> | | | | ļ | | | | |
| | | <u> </u> | \vdash | ╇ | - | | ļ | 1 | - | <u> </u> | ļ | 1 | | ļ | [| | | | | | | | L | | | | |
| H | KI | 1 | | h | N | Ē | 16 | b | | <u> </u> | | | | Pa | IEE | | | | | | | A | <u>icu</u> | DT | | | |
| A | $\dot{\tau}\alpha$ | INT | ĪN | | ft | ES | | | | | | SP | | LA | CHER | É | L Æ | RB | R (I | p | | t | α | | | | |
| | | | | | | • | | | | | | | | | | | | | | | | | | | | | |
| | | Ĩ | | T | | | | | Ι | | | | | | | - | | | | | | | 1 | | | - | |
| | | | 1- | | | | | 1 | | | | | | | | | | | | | | | | | | | |
| | 2- | II | Ι, | | | | k | | 1 | 1 | | | - | 10U | AVT. | | | | · · | † – | | | ; I | | | | |
| | | H | | | | 50 | | + | + | 1 | ŀ | | | IN | | | <u>{</u> | | | | + | | | | | | |
| -4 | . | | | 4= | | 16 | <u> </u> | + | | | | | 1 | | 25 | | | | | - | + | | | | | | - |
| + | 1 | | + | | | | <u> </u> | + | - | + | | + | | | | | 4 1 | | | | <u> </u> | | 1 | | | | |
| \dashv | , , | | + | | - | •• | | + | | + | - | 1 | 1 | | | | 1 | | | | | | | | | | |
| | | | <u> </u> | + | + | | | | | | | | | ļ | [| | 1 | | | | | | | | | | |
| 4 | <u>KI</u> | T | 4 | ųυ | NR NR | Ξ. 2 | 3 | | - | | | | E | MO | UNT | | 1 | | | | <u> </u> | | ! | | | | |
| 1 | AN | K | ¢н | h | 36 | ES | <u> </u> | 1 | <u> </u> | | <u> </u> | | | | 45 | <u>}</u> | 1 | | | ļ | | | | | | | |
| | | | | _ | | | | | _ | <u> </u> | <u> </u> | | | | | | Ī | | | | 1 | | ; } | | | | |
| | | [| | | | | | | | | | | | | | | | | | | | | | | | I | |
| | | | | | | | | | | | | | | | | | 1 | | | | | | | | | | |
| | | | | | | | | | | | | | | | 1 | | : : | | | | | | : | | Ī | | |
| Τ | | | | | T | | | | | | | | | ļ | | | I | | | T | | | ; | | | | |
| | | 1 | 1 | | | | | | | | | 1 | | | | ļ | Ī | | | | | | i | | | | |
| | | | | ľ | T | | 1 | | | | 1 | | | | 1 | 1 | | 1 | | 1 | | | | <u> </u> | <u> </u> | | |
| | •• | 1 | | | - | | | 1 | - | 1- | | \uparrow | - | † | † | Í | | <u> </u> | | 1- | | | | † • | | | |
| | | 1 | 1 | | - | | † | 1 | - | 1 | | - <u> </u> | | | | | <u>.</u> 1 | | | 1 | | | <u> </u> | | + | | |
| | | | + | ╞ | + | | <u> </u> | | | | | | ย ท | | <u> </u> | | - | | | + | | | | <u> </u> | ╞╾┤╴ | | |
| + | | <u> </u> | + | | + | | | + | | | | | : | | } | | - | | | | | | | <u>-</u> | | | |
| - | | | + | | + | | | | - | | | | | <u> </u> | | ļ | _ | [| | | 1-1 | | | ļ ; | ╞─┤╴ | | |
| _ | | | - | | _ | | | | - | | <u> </u> | - | | <u> </u> | | ļ | | [| | .Į | | | | ļ | ↓ | | |
| | | | | | | | | <u> </u> | | | 1 | | Į | ļ | <u> </u> | | | · | | <u> </u> | | | <u> </u> | _ | | | |
| | | | | | | | | | | 1 | | | | | | | | | | | | | i | | | | |
| ſ | | ł | ! | 1 | | | | | * | ţ | | 1 | 4 | | | ļ | 1 | | | 1 | 1 | | 1 | 1 | 1 | | |

| FILED: | NEW | YORK | COUNTY | CLERK | 06/14/2018 | 11:23 AM | INDEX NO | 0. 451130/2018 |
|------------|---------|------------|-----------------------|----------|-------------------------|----------------|----------------|----------------|
| JYSCEF DO | DC. NO. | 50 | | | | | RECEIVED NYSCH | EF: 06/14/2018 |
| | | ● 1 | # 5 . } | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | ONALD J. TRUMI | | | |
| | | | | AI | ITACHMENT TO FO 1997 | DRM 990-PF | | |
| | | | | | ID# 1997 | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | PART I I | | | PAYOR | AMOUNT | • |
| | | CON | TRIBUTION | RECEIVED | DON | ALD J. TRUMP | \$80,000 | |
| | | | | | | | | |
| | | | PARTILI | NE 165 | | PAYEE | | |
| ^ . | | ACC | OUNTING FE | | SPAHR, LAC | HER & SPERBER, | AMOUNT | |
| | | | | | , | | | |
| | | | D40711 | | | | | |
| | | NYS | PART I L | INE 18 | | | AMOUNT | |
| | | | | | | | \$25 | |
| | • | | | | | | | |

.

.

..... ·

.

| 1999 FED | ERAL STATEMENTS | PAGE |
|---|--|---------------------|
| CLIENT 02910843 | INC. | |
| STATEMENT 1 FORM 990-PF, PART I, LINE 1 CONTRIBUTIONS, GIFTS, AND GRANTS DIRECT CONTRIBUTIONS: | - | 01:57 |
| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | AMOUNT OF CONTR. |
| CONTRIBUTOR'S NAME DONALD J. TRUMP | CONTRIBUTOR'S ADDRESS C/O TRUMP ORGANIZ 725 5TH AVE NEW YORK, NY 10022 | OF CONTR. |
| | C/O TRUMP ORGANIZ 725 5TH AVE | OF CONTR. |

•

| FIED. NEW TORK COUNTI CHERK 00/14/2010 11.25 P | FILED: NEW YORK COUNTY CLERK 06/14/2018 11:2 | AN |
|--|--|----|
|--|--|----|

NYSCEF DOC. NO: 50

FEDERAL STATEMENTS THE DONALD J. TRUMP FOUNDATION

INC.

INDEX NO. 451130/2018

RECEIVED NYSCEF: 06/14/2018

PAGE

CLIENT 07877

2000

----- -

STATEMENT 1 FORM 990-PF, PART I, LINE 1 CONTRIBUTIONS, GIFTS, AND GRANTS

DIRECT CONTRIBUTIONS:

| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | AMOUNT OF CONTR. |
|----------------------------|---|---------------------|
| DONALD J. TRUMP | C/O TRUMP ORGANIZ 725 5TH AVE NEW YORK, NY 10022 | \$ 168,000 |
| TOTAL DIRECT CONTRIBUTIONS | | \$ 168,000 |
| TOTAL CONTRIBUTIONS | | \$ 168,000 |

..

.

11:23 AM FILED: NEW YORK COUNTY CLERK 06/14/2018

-

NYSCEF DOC. NO. 50,

Schedule B (Form 990, 990-EZ, 990-PF) (2001)

· RECEIVED NYSCEF: 06/14/2018

INDEX NO. 451130/2018

•

Page 1 to 1 Employer Identification Number of Part I

| (saithi as | | | | |
|------------|--------|----|-------|------------|
| THE | DONALD | J. | TRUMP | FOUNDATION |

| (a) Number | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|----------------|--|-----------------------------------|---|
| 1 | DONALD J. TRUMP C/O TRUMP ORGANIZ 725 STH AVE NEW YORK, NY 10022 | \$ <u>306,000.</u> | Person X Payroll Noncash (Complete Part II if there is noncash contribution.) |
| (a) Number | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 2 | STARK CARPET CORP 979 3RD AVE NEW YORK, NY 10022 | \$ <u>5,000.</u> | Person X Payroll Noncash (Complete Part II if there is noncash contribution.) |
| (s) Number | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is noncash contribution.) |
| (a) Number | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II if there is nencash contribution.) |
| (a) Numiber | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is noncash contribution.) |
| (a) Number | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | | Person Payroli Noncash (Complete Part II if there is noncash contribution.) |

| | | V YORK COUNTY CLERK 06/14/2018 11:2 | | X NO. 451130/201 |
|------------------|-------------------|--|--------------------------------|---|
| SCEF DOC | • | B(Form 990, 990-52, or 990-PF) (2002) | RECEIVED N | YSCEF: 06/14/201 |
| N | itme of | organization | | Page 1 to 1 of |
| 1 | THE | DONALD J. TRUMP FOUNDATION | Em | ployer Identification number |
| - | Part (| Contributors (See Specific Instructions.) | | |
| - | (a) | (b) | | |
| - | <u>No.</u> | Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contributio |
| _ | 1 | DONALD J. TRUMP | | Person X |
| | | C/O THE TRUMP ORGANIZATION 725 5TH AVI | <u>E</u> s <u>287,000</u> | Pavrolt |
| | | NEW YORK, NY 10022 | - | (Complete Part II if the is a noncesh contribut |
| | (#) No. | (b) Nama, address, and ZIP + 4 | (c) | (d) |
| | 2 | MAURICE R. POVICH C/O FLEKMAN, BAREN AND COMPANY OF T | Aggregate contributions | Person X Payroll |
| | | WILSHIRE BLVD. SUITE 530 BEVERLY HILLS, CA 90210 | \$ <u>5,000.</u> | |
| | (m) <u>No.</u> | (b) Name, addrese, and ZIP + 4 | (c) | |
| | 3 | ALFONS J. SCHMITT | Aggregate contributions | Type of contribution |
| | | 125 PARC MONCEAU | \$30,000. | Person X Payroll Noncash |
| | | PALM BEACH, FL 33480 | | (Complete Part II if there is a noncash contributio |
| | (a) 10. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (ď) |
| | 4 | KINRAY INC. | -AAA AAa is countbuttous | Type of contribution |
| | | 152-03 10TH AVE | \$25,000. | Person X Payroll Noncash |
| . <u></u> | | WHITESTONE, NY 11357 | | (Complete Part II if there is a noncash contribution |
| (8 | | (b) Name, addreas, and ZiP + 4 | (c) Aggregate contributions | (d) |
| | 5 | MR. WHITE LLC | ABB BATE CONTROUGUS | Type of contribution |
| | . | 7966 BEVERLY BLVD 2ND FLOOR | \$10,000. | Payroll Noncash |
| | | LOS ANGELES, CA 90048 | | (Complete Part II if there is a noncash contribution. |
| (a) <u>No</u> | | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) |
| | <u>6 1</u> | TRUMP PARK AVE LLC | | Type of contribution |
| | 2 | 725 FIFTH AVE | \$25,000. | Person X Payroll Noncash |
| 223.452 (| 01-22-03 | NEW YORK, NY 10022 | | (Complete Part II if there is a noncash contribution.) |

Schadule B (Form 990, 990-EZ, or \$90-PF) (2002)

| Schedule B (Form 990, 990-EZ, or | Schedule of Contributors | OMB No. 1545-0047 | |
|---|--|-----------------------------|--|
| 990-PF) Department of the Treasury Internal Revenue Service | Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions) | 2005 | |
| Name of organization | | Employer identification num | |
| 1 | THE DONALD J. TRUMP FOUNDATION | 3 | |
| Organization type (check | cone): | | |
| 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 | X 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 boxe for both the General Rule and a Special Rule-see instructions.)

General Rule-

NY

X For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filling Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

For a section 501(c)(7). (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 of \$5,000 or more during the year.)

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), bu they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do 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, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (20

COUNTY CLERK 06/14/2018 11:23 AM) ILED: NEW YORK

NYSCEF DOC. NO. 50

(a)

No.

2

INDEX NO. 451130/2018

1 of

(d)

Type of contribution

(Complete Part II if there is a noncash contributio

(d)

Type of contribution

(Complete Part II if there

is a noncash contributio

X

Person Payroll

Noncash

Person Payroll

Noncash

X

1 of Part i

RECEIVED NYSCEF: 06/14/2018

Page **Employer Identification number**

.

(c) Aggregate contributions

| Schedule B (Form 990, 990-EZ, or 990-PF) (2005) Name of organization | | | | | |
|---|---|---|--|--|--|
| | | | | | |
| Part I | Contributors (See Specific Instructions.) | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | _ | | | |
| 1 | DONALD J. TRUMP | | | | |
| | C/O THE TRUMP ORGANIZATION 725 | ! | | | |
| | NEW YORK NY 10022 | | | | |

622,000. 5TH AVE (Ь) (c) Aggregate contributions Name, address, and ZIP + 4 DANIEL & MARGARET CREMINS 5,000. 77 MOUNTAIN AVE. \$ LARCHMOUNT, NY 10538

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|--------------------------------|--|
| 3 | COOPER-HOROWITZ, INC. 51 EAST 42ND ST. | \$5,225. | Person X Payroll Noncash (Complete Part II if there is a noncash contributic |
| (a) No. | NEW YORK, NY 10017 (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 4 | BTH CORP 46 SNAPDRAGON LN. ROSLYN HEIGHTS, NY 11577 | \$5,225. | Person X Payroli Noncash (Complete Part II if there is a noncash contributic |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 5 | NCL AMERICA, INC. 7665 CORPORATE CENTER DR MIAMI, FL 33126 | <u> </u> | Person X Payroll Noncash (Complete Part II if ther is a noncash contributik |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution Person |

(Complete Part II if ther is a noncash contributi

Noncash

| FILED: | NEW | YORK | COUNTY | CLERK | 06/14/2018 | 11:23 | AM |
|--------|-----|------|--------|-------|------------|-------|----|
| | | | | | | | |

NYSCEF DOC. NO. 50

Schedule B

(Form 990, 990-EZ,

Schedule of Contributors

RECEIVED NYSCEF: 06/14/2018

INDEX NO. 451130/2018

OMB No. 1545-0047

| or 990-PF) Department of the Treasury Internal Revenue Service | Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions) | 2006 | | |
|--|--|-------------------------------|--|--|
| Name of organization | · · · · · · · · · · · · · · · · · · · | Employer identification numbe | | |
| | THE DONALD J. TRUMP FOUNDATION | | | |
| Organization type (chec | k 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 | X 501(c)(3) exempt private foundation | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a 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

501(c)(3) taxable private foundation

General Rule-

X For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

| For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under |
|---|
| sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% |
| of the amount on line 1 of these forms. (Complete Parts I and II.) |

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 of \$5,000 or more during the year.)

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do 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, Form 990-EZ, and Form 990-PF. |

for both the General Rule and a Special Rule-see instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

NYSCEF DOC. NO. 50

INDEX NO. 451130/2018

RECEIVED NYSCEF: 06/14/2018

| Schedule B (F | orm 990, 990-EZ, or 990-PF) (2006) | | Page 1 of 1 of Part I |
|---------------|---|--------------------------------|---|
| Name of or | ganization | Employ | er identification number |
| THE D | ONALD J. TRUMP FOUNDATION | | |
| Part I | Contributors (See Specific Instructions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | DONALD J. TRUMP C/O THE TRUMP ORGANIZATION 725 5TH AVE NEW YORK, NY 10022 | \$ <u>610,000.</u> | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 2 | CORINNA JONES C/O RICHMASTERY PO BOX 97 832 SAMC AUKLAND, NEW ZEALAND | \$ <u> </u> | Person X Payroli Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 3 | STARK CARPET CORP. 979 THIRD AVE. NEW YORK, NY 10022-1276 | \$10,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 4 | PEOPLE MAGAZINE 1271 AVENUE OF THE AMERICAS NEW YORK, NY 10020 | \$ <u>150,000.</u> | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Payroll (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

NYSCEF DOC. NO. 50

Schedule B

(Form 990, 990-EZ.

Internal Revenue Service

or 990-PF) Department of the Treasury

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Name of organization

INDEX NO. 451130/2018 RECEIVED NYSCEF: 06/14/2018

OMB No. 1545-0047

Employer identification number

| 1 | THE | DONA | LD J | Γ. | TRU | MP | FOU | NDAT | ION |
|---|-----|------|------|----|-----|----|-----|------|-----|
| | | | | | | | | | |

| 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 | X 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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

| For a section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under |
|---|
| sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% |
| of the amount on line 1 of these forms. (Complete Parts I and II.) |

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 of \$5,000 or more during the year.)

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do 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, Form 990-EZ, and Form 990-PF. |

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

NYSCEF DOC. NO. 50

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Part I

INDEX NO. 451130/2018

RECEIVED NYSCEF: 06/14/2018 Page 1 of 1 of Part I

Employer identification number

THE DONALD J. TRUMP FOUNDATION

Contributors (See Specific Instructions.)

| (a) | (b) | (c) | (d) |
|-----|---|-------------------------|---|
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| 1 | DONALD J. TRUMP C/O THE TRUMP ORGANIZATION 725 5TH AVE NEW YORK, NY 10022 | \$ <u> </u> | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| 2 | STARK CARPET CORP. 979 THIRD AVE-11TH FLOOR NEW YORK, NY 10022 | \$ <u>20,000.</u> | Person X Payroli Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| 3 | WWE 1241 EAST MAIN STREET STAMFORD, CT 06902 | \$ <u>4,000,000.</u> | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| 4 | ALFONS SCHMITT 3505 SUMMIT BOULEVARD WEST PALM BEACH, FL 33406 | \$25,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| 5 | NBC ENTERTAINMENT <u>30 ROCKEFELLER PLAZA</u> <u>NEW YORK, NY 10112</u> | \$10,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution. |

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

| FILED: NEW Y | ORK COUNTY CLERK 06/14/2018 11:23 AM | INDEX NO. 451130/2018 |
|--|---|--------------------------------|
| NYSCEF DOC. NO. 5 | | RECEIVED NYSCEF: 06/14/2018 |
| Schedule B | Schedule of Contributors | OMB No. 1545-0047 |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | Attach to Form 990, 990-EZ, and 990-PF. | 2008 |
| Name of the organization | on | Employer identification number |
| | THE DONALD J. TRUMP FOUNDATION | |
| Organization type (chec | k 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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 of \$5,000 or more during the year.)

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

NYSCEF DOC. NO. 50

6 ţą,

Schedule 8 (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

THE DONALD J. TRUMP FOUNDATION

Part I **Contributors** (see instructions)

| (a) | (b) | (c) | (d) |
|-----|--|-------------------------|---|
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| 1 | DONALD J. TRUMP C/O THE TRUMP ORGANIZATION 725 5TH AVE NEW YORK, NY 10022 | \$30,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| 2 | DAVID FOSTER FOUNDATION 212 HENRY STREET VICTORIA, BC CANADA V9Z 3H9 | \$ <u>45,000.</u> | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| 3 | GLENN MOSS 30 BRANCH RD. BREWSTER, NY 10509 | \$10,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| 4 | THE WILLARD TC JOHNSON FOUNDATION 630 FIFTH AVE. SUITE 1510 NEW YORK, NY 10111 | \$ <u>250,000.</u> | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| 5 | STARK CARPET CORP. 979 THIRD AVE-11TH FLOOR NEW YORK, NY 10022 | \$17,500. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| 6 | CELEBRITY FIGHT NIGHT FOUNDATION 2111 E. HIGHLAND AVE. SUITE 135 PHEONIX, AZ 85016 | \$\$. | Person X Payroli Noncash (Complete Part II if there is a noncash contribution.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

INDEX NO. 451130/2018

RECEIVED NYSCEF: 06/14/2018

Page 1 of 1 of Part I

Employer identification number

| FILED: NEW YO | ORK COUNTY CLERK 06/14/2018 11:23 AM | INDEX NO. 451130/2018 |
|--|---|--------------------------------|
| NYSCEF DOC. NO. 5 | 0 | RECEIVED NYSCEF: 06/14/2018 |
| Schedule B (Form 990, 990-EZ, | Schedule of Contributors | OMB No. 1545-0047 |
| or 990-PF) Department of the Treasury Internal Revenue Service | Attach to Form 990, 990-EZ, or 990-PF. | 2009 |
| Name of the organizati | on | Employer identification number |
| Organization type (chec | THE DONALD J. TRUMP FOUNDATION | |
| 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 | X 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

| For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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., purpose. Lo not contributions of \$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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

.

.

.

.

NYSCEF DOC. NO. 50

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Schedule B (Form 990.

| INDEX | NO. | 451130/2018 |
|-------|-----|-------------|
| | | |

RECEIVED NYSCEF: 06/14/2018

Page <u>1 of 1 of Part I</u> Employer identification number

| THE D | OONALD J. TRUMP FOUNDATION | | |
|------------|---|--------------------------------|---|
| Part I | Contributors (see instructions) | _ | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | THE CHARLES EVANS FOUNDATION 116 VILLAGE BLVD. SUITE 200 PRINCETON, NJ 08540 | \$50,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 2 | WORLD WRESTLING ENTERTAINMENT 1241 EAST MAIN ST. P.O. BOX 3857 STAMFORD, CT 06902 | \$ <u>1,000,000.</u> | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 3 | STARK CARPET CORP. 979 THIRD AVE - 11TH FLOOR NEW YORK, NY 10022 | \$4,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 4 | CHARLES EVANS JOEL PASHCOW 116 VILLAGE BLVD. SUITE 200 PRINCETON , NJ 08540 | \$50,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Payroll Payroll Payroll Parciash Parciash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

| FILED: | NEW YORK COUNTY CLERK 06/14/2018 11:23 AM | INDEX NO. 451130/2018 |
|-------------------------------|--|-----------------------------|
| | | RECEIVED NYSCEF: 06/14/2018 |
| ∛APHIC prin | t - DO NOT PROCESS As Filed Data - | DLN: 93491319004111 |
| 1ule B | Schedule of Contributors | OMB No 1545-0047 |
| f the Treasury nue Service | ► Attach to Form 990, 990-EZ, or 990-PF. | 2010 |
| organization .D J TRUMP FO | | loyer identification number |
| ation type (o | check one) | |
| ¦a ● | Section: | |
| or 990-EZ | 501(c) () (enter number) organization | |
| | $\mathbf{\Gamma}$ 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| -PF | ✓ 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |

/our organization is covered by the **General Rule** or a **Special Rule**. Iy a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

Rule---

or an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or roperty) from any one contributor. Complete Parts I and II

Rules

or a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33^{1} /3% support test of the regulations nder sections 509(a)(1) and $170(b)(1)(A)(v_{1})$, and received from any one contributor, during the year, a contribution of the reater 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

or a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, uring the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, cientific, literary, or educational purposes, or the prevention of crueity to children or animals. Complete Parts I, II, and

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

NYSCEF DOC. NO. 50

INDEX NO. 451130/2018

RECEIVED NYSCEF: 06/14/2018

| | organization | Empl | oyer identification number |
|------------|---|--------------------------------|---|
| JONALI | D J TRUMP FOUNDATION | | |
| art I | Contributors (see Instructions) | | |
| all | | | |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| 1 | | | Ba a a a b |
| | STARK CARPET CORP | | Person i⊽ Payroll i |
| | 979 THIRD AVE 11TH FLOOR | \$ 7,500 | Noncash |
| | | 4 | - |
| | NEWYORK, NY 10022 | | (Complete Part II if there is a noncash contribution) |
| | warman warman warman war all all all all and an | | |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| | | | |
| 2 | | | Person 🔽 |
| _ | KINRAY INC | | Payroll |
| | 725 FIFTH AVE 24TH FLOOR | \$ 25,000 | Noncash F |
| | | | (Complete Part II if there is |
| | NEWYORK, NY 10022 | | a noncash contribution) |
| | | [| |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| | | | |
| | | | Person [|
| | | | Payroli 🦵 |
| I | | \$ | Noncash 🔽 |
| | | | (Complete Part II if there is |
| 1 | | | a noncash contribution) |
| | | | |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| | | | |
| | | | Person 厂 |
| | | | Payroll |
| | | \$ | Noncash 🦵 |
| | | | (Complete Part II if there is a noncash contribution) |
| | | | a noncasis contribution (|
| | / | (0) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | | . Jet al antimation |
| | | | Person |
| | | | Payroll |
| ļ | | \$ | Noncash |
| | | ······ | (Complete Part II if there is |
| | | | a noncash contribution) |
| | | | |
| (a) | (b) | (c) | (d) |
| ar. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| No. | | | |
| NO. | | | |
| NO. | | | Person |
| | | | Payroll |
| | | \$ | • |
| | | \$ | Payroll |

NF3 GE 990D 990-EZNG 995 PF) (2010)

RECEIVED NYSCEET: of farily /2018

organization D J TRUMP FOUNDATION

Employer identification number

Noncash Property (see Instructions)

| (b) Description of noncash property given | (C) FMV (or estimate) (see instructions) | (d) Date received |
|--|--|----------------------|
| | \$ | |
| (b) Description of noncash property given | (C) FMV (or estimate) (see instructions) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (C) FMV (or estimate) (see instructions) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (C) FMV (or estimate) (see instructions) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (C) FMV (or estimate) (see instructions) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (C) FMV (or estimate) (see instructions) | (d) Date received |
| | \$ | |

Schedule B (Form 990, 990-EZ, or 990-PE) (2010)

| ILED: NEW YORK COUNTY | CLERK 06/14/2018 1 | 1:23 AM INDEX NO. 4511 |
|--|--|--|
| ABGEFANDARE - NOL AAR OL 1 (2010) | | RECEITED NYSCEF. O' CO' |
| rganization | | Employer identification number |
| J TROMP FOUNDATION | | |
| Exclusively religious, charitable, etc., in aggregating more than \$1,000 for the ye For organizations completing Part III, enter the contributions of \$1,000 or less for the year | e ar. (Complete columns (a) through (e) e total of <i>exclusively</i> religious, charitab | and the following line entry) le, etc , |
| (b) | (c) | (d) |
| Purpose of gift | Use of gift | Description of how gift is held |
| | | |
| | | |
| | | |
| ······ | · · · · · · · · · · · · · · · · · · · | |
| Transferee's name, address, and | (e) Transfer of gift ZIP + 4 Relatio | nship of transferor to transferee |
| | | |
| | | |
| (b) | (C) | (d) |
| Purpose of gift | Use of gift | Description of how gift is held |
| | | |
| | | |
| | | |
| | (e) | |
| Transferee's name, address, and | | nship of transferor to transferee |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | |
| | | |
| | (e) Transfer of gift | |
| Transferee's name, address, and | - | nship of transferor to transferee |
| | | |
| (b) | (c) | (d) |
| Purpose of gift | Use of gift | Description of how gift is held |
| | | |
| | | |
| Transferee's name, address, and | (e) Transfer of gift ZIP + 4 Relatic | nship of transferor to transferee |
| | | |
| | | |
| | | |

NYSCEF DOC. NO. 50

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.

INDEX NO. 451130/2018 RECEIVED NYSCEF: 06/14/2018

OMB No. 1545-0047

2011

Employer identification number

Name of the organization

THE DONALD J. TRUMP FOUNDATION

| 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 | X 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

Γ

| For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of crueity to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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., previous, charitable, etc., contributions of \$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 Part I, line 2 of its Form 990-PF, 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) (2011)

NYSCEF DOC. NO. 50,

INDEX NO. 451130/2018 RECEIVED NYSCEF: 06/14/2018

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Page 2

| Employe | er identification | number |
|---------|-------------------|--------|
| | | |

THE DONALD J. TRUMP FOUNDATION

| Part I | -Contributors (see instructions). Use duplicate copies of Part I if additiona | I space is needed. | |
|------------|---|----------------------------|--|
| (a) | (b} | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 1 | PRESTIGE MILLS INC. 34-01 38TH AVE. | \$ <u> </u> | Person X Payroll Noncash |
| | LONG ISLAND CITY, NY 11101-2227 | | (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | THE CHARLES EVANS FOUNDATION | | Person X Payroli |
| | 116 VILLAGE BLVD. STE 200 | \$50,000. | Noncash |
| | PRINCETON, NJ 08540-5700 | | (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | COMEDY CENTRAL 345 HUDSON ST NEW YORK, NY 10014 | \$400,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) |
| <u>No.</u> | Name, address, and ZIP + 4 RICHARD EBERS INSIDE SPORT AND ENTERTAINMENT GROUP 33 EAST 33RD STREET SUITE 1107 NEW YORK, NY 10016 | Total contributions | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Payroll Poncash Complete Part II if there is a noncash contribution.) |

NYSCEF DOC. NO. 50.

INDEX NO. 451130/2018

RECEIVED NYSCEF: 06/14/2018

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Page 3 Employer identification number

THE DONALD J. TRUMP FOUNDATION

| Part II | Noncash Property (see instructions). Use duplicate copies of Part | Il 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 |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | e | |

| chedulo R /S | Form 990, 990-EZ, or 990-PF) (2011) | | Page |
|---------------------------|---|--|--|
| ime of organ | | ····· | Employer identification number |
| | | | |
| | ALD J. TRUMP FOUNDATI | ON | |
| Part III ; | Exclusively religious, charitable, etc., indiv year, Complete columns (a) through (e) and th | vidual contributions to section 501(c)(7), ne following line entry. For organizations co | (8), or (10) organizations that total more than \$1,000 for the ompleting Part III, enter rear. (Enter this information once.) \$\$ |
| | the total of <i>exclusively</i> religious, charitable, etc. Use duplicate copies of Part III if addition | c., contributions of \$1,000 or less for the y | (ear. (Enter this information once.) \$ |
| a) No. from | | | |
| πom Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| - | | | _ |
| | | <u>وي المحمد من المحمد المحمد</u> | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | | (e) Transfer of gift | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| _ | | | |
| - | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| Part I | | | |
| - | | | |
| | | ····· | |
| | | | |
| | | (e) Transfer of gift | |
| | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| (a) No. | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| (a) No. from Part I | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee (d) Description of how gift is held |
| | | | |
| from | (b) Purpose of gift | (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift | (d) Description of how gift is held |
| from | | (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift | |
| from | (b) Purpose of gift | (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift | (d) Description of how gift is held |
| from Part I | (b) Purpose of gift | (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift | (d) Description of how gift is held |
| from Part I | (b) Purpose of gift Transferee's name, address, a | (c) Use of gift (c) Use of gift (e) Transfer of gift nd ZIP + 4 | (d) Description of how gift is held |
| from | (b) Purpose of gift | (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift | (d) Description of how gift is held |
| from Part I | (b) Purpose of gift Transferee's name, address, a | (c) Use of gift (c) Use of gift (e) Transfer of gift nd ZIP + 4 | (d) Description of how gift is held |
| from Part I | (b) Purpose of gift Transferee's name, address, a | (c) Use of gift (c) Use of gift (e) Transfer of gift nd ZIP + 4 | (d) Description of how gift is held |
| from Part I | (b) Purpose of gift Transferee's name, address, a | (c) Use of gift (e) Transfer of gift (c) Use of gift (c) Use of gift (c) Use of gift | (d) Description of how gift is held |
| from Part I | (b) Purpose of gift Transferee's name, address, a | (c) Use of gift (c) Use of gift (e) Transfer of gift nd ZIP + 4 | (d) Description of how gift is held |
| from Part I | (b) Purpose of gift Transferee's name, address, a | (c) Use of gift (e) Transfer of gift (c) Use of gift | (d) Description of how gift is held |

NYSCEF DOC. NO. 50

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

INDEX NO. 451130/2018 RECEIVED NYSCEF: 06/14/2018

OMB No. 1545-0047

Employer identification number

| THE | DONALD | J. | TRUMP | FOUNDATION |
|-----|--------|----|-------|------------|

| 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

| For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of crueity to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$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 Part I, line 2 of its Form 990-PF, 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) (2012)

NYSCEF DOC. NO. 50

INDEX NO. 451130/2018

Page 2

RECEIVED NYSCEF: 06/14/2018

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

THE DONALD J. TRUMP FOUNDATION

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additionate | al space is needed. | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | THE CHARLES EVANS FOUNDATION 116 VILLAGE BLVD. STE 200 PRINCETON, NJ 08540-5700 | \$50,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | NBC UNIVERSAL MEDIA LLC 100 UNIVERSAL CITY PLAZA UNIVERSAL CITY , CA 91608 | \$500,000. | Person X Payroli Noncash (Complete Part II If there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | RICHARD EBERS INSIDE SPORT AND ENTERTAINMENT GROUP 33 EAST 33RD STREET SUITE 1107 NEW YORK, NY 10016 | \$522,828. | Person X Payroli Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | NY REAL ESTATE INSTITUTE 132 WEST 36TH ST. 2ND FLOOR NEW YORK, NY 10018 | \$10,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | KRUPP KOMMUNICATIONS 636 AVENUE OF THE AMERICAS 4TH FLOOR NEW YORK, NY 10011 | \$5,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | STEVEN SHAPIRO 3017 SPANISH RIVER ROAD BOCA RATON, FL 33432 | \$157,250. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

NYSCEF DOC. NO. 50

INDEX NO. 451130/2018

Page 3

RECEIVED NYSCEF: 06/14/2018

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

.....

THE DONALD J. TRUMP FOUNDATION

Employer identification number

| (a) No. | ash Property (see instructions). Use duplicate copies of Pa | (c) FMV (or estimate) | (d) |
|------------------------------|---|--|----------------------|
| from Part I | Description of noncash property given | (see instructions) | Date received |
| | | \$ | |
| (a) | | | |
| No. from Part 1 | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | . |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

NYSCEF DOC. NO. 50

INDEX NO. 451130/2018

RECEIVED NYSCEF: 06/14/2018

| Schedule B Name of org | (Form 990, 990-EZ, or 990-PF) (2012) anization | | Page 4 Employer identification number | | | | |
|---------------------------|---|--|--|--|--|--|--|
| THE DO | NALD J. TRUMP FOUNDATIC Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and th the total of exclusively religious, charitable, etc | idual contributions to section 501(c)(7 e following line entry. For organizations ., contributions of \$1,000 or less for th |), (8), or (10) organizations that total more than \$1,000 for the completing Part III, enter e year. (Enter this information once.) \$ | | | | |
| (a) No. from | Use duplicate copies of Part III if additiona (b) Purpose of gift | al space is needed. (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| F | (e) Transfer of gift | | | | | | |
| F | Transferee's name, address, ar | 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 | | | | |
| | | | | | | | |
| F | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, ar | nd 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, a | nd 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, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |

| FILED: | NEW | YORK | COUNTY CLERK 06/14/2018 | 11:23 AM | INDEX NO. 451130/201 | |
|-----------------|--|------|--|----------|--------------------------------|--|
| NYSCEF D | OC. NO. | 50 | | | RECEIVED NYSCEF: 06/14/201 | |
| | 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. | | OMB No. 1545-0047 | |
| or 99 Depart | | | | | 2013 | |
| Nam | Name of the organization | | | | Employer identification number | |
| | | ТН | DONALD J. TRUMP FOUNDATION | | | |
| Orga | Organization type (check one): | | | | | |
| Filer | Filers of: Section: | | | | | |
| Form 990 or | | D·EZ | 501(c)() (enter number) organization | | | |
| | | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | |
| | | | 527 political organization | | | |
| Form | 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of crueity to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$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) (2013)

NYSCEF DOC. NO. 50

INDEX NO. 451130/2018

Page 2

RECEIVED NYSCEF: 06/14/2018

Employer Identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

THE DONALD J. TRUMP FOUNDATION

| | | t | |
|------------|---|----------------------------|--|
| 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 | RICHARD EBERS INSIDE SPORT AND ENTERTAINMENT GROUP 33 EAST 33RD STREET SUITE 1107 NEW YORK, NY 10016 | \$435,832. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No, | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | THE CLANCY LAW FIRM P.C. | | Person X |
| | 40 WALL STREET SUITE 6100 | \$ 100,000. | Payroll Noncash |
| | NEW YORK, NY 10005-1315 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | RICHARD LEVINE | | Person X |
| | 170 EAST 78TH STREET APT E6A | \$10,000. | Payroll Noncash |
| | NEW YORK, NY 10128-2215 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | TWENTIETH CENTURY FOX FILM CORPORATION | | Person X |
| | 1211 AVENUE OF THE AMERICAS | \$ <u> </u> | Payroll Noncash |
| | NEW YORK, NY 10036 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | THE JOHN F SCARPA FOUNDATION | | Person X |
| | 1676 S OCEAN BLVD | \$5,000. | Payroll Noncash |
| | PALM BEACH, FL 33480 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | ROBERT MORROW C/O KENILWORTH EQUITIES | | Person X |
| | 825 THIRD AVE, SUITE 3315 | \$5,000. | Payroll Noncash |
| | NEW YORK, NY 10022 | | (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

.

NYSCEF DOC. NO. 50

INDEX NO. 451130/2018

RECEIVED NYSCEF: 06/14/2018

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

THE DONALD J. TRUMP FOUNDATION

Page 3 Employer identification number

| art II Non | cash Property (see instructions). Use duplicate copies of Pa | art 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 |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| ······ | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

٠

NYSC

INDEX NO. 451130/2018

/2018

| EF DOC. NC |). 50 | | RECEIVED NYSCEF: 06 | ;/14/ |
|---------------------------|--|--|---|--------|
| Schedule B (Fo | orm 990, 990·EZ, or 990·PF) (2013) | | | Page 4 |
| Name of organiz | zation | | Employer Identification number | |
| Part III | ALD J. TRUMP FOUNDATIC Exclusively religious, charitable, etc., indivi- year. Complete columns (a) through (e) and th the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additione | idual contributions to section 501(c) e following line entry. For organization ., contributions of \$1,000 or less for | (7), (8), or (10) organizations that total more than \$1,000 to ns completing Part III, enter the year. (Enter this information once.) \$\$ | r the |
| (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, an | Id 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 | |
| | | ······································ | | |
| | Transferee's name, address, ar | (e) Transfer of gif | t 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 git | | |
| | Transferee's name, address, a | nd 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 gi | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | |
| - | | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

X 501(c)(3) exempt private foundation

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

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

the prevention of cruelty to children or animals. Complete Parts I, II, and III.

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

501(c)(3) taxable private foundation

NYSCEF DOC. NO. 50

Form 990-PF

General Rule

Special Rules

| 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.lrs.gov/torm990 · | OMB No. 1545-0047 2014 Employer identification numbe | |
|--|---|--|--|
| Name of the organiza | tion | | |
| | THE DONALD J. TRUMP FOUNDATION | | |
| Organization type (ch | eck 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 | | |

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

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.

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.

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,

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

J 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*

INDEX NO. 451130/2018

RECEIVED NYSCEF: 06/14/2018

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) (2014)

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

NYSCEF DOC. NO. 50

÷

•

INDEX NO. 451130/2018

RECEIVED NYSCEF: 06/14/2018

| Schedule I | 3 (Form 990, 990-EZ, or 990-PF) (2014) | | Page 2 |
|-------------|--|---------------------------|--|
| Name of or | panization | | Employer identification number |
| THE DO | ONALD J. TRUMP FOUNDATION | | , |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additiona | al space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution |
| <u>1</u> | RICHARD EBERS INSIDE SPORTS AND ENTERTAINMENT GROUP | | Person X Payroll |
| | 33 EAST 33RD STREET SUITE 1107 NEW YORK, NY 10016 | \$477,4 | 00. Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution |
| 2 | PRESTIGE MILLS | | Person 🔀 Payroll 🗌 |
| | 3401 38TH AVE #2 LONG ISLAND CITY, NY 11101 | \$20,0 | 00. Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) ns Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) ns Type of contribution |
| | | \$ | Person Payroll Payroll (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) Ins Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) ons Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| 423452 11-0 | 5-14 | ' Schedule | B (Form 990, 990-EZ, or 990-PF) (2014) |

NYSCEF DOC. NO. 50

INDEX NO. 451130/2018

RECEIVED NYSCEF: 06/14/2018

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization

Page 3 Employer identification number

THE DONALD J. TRUMP FOUNDATION

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

423453 11-05-14

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

NYSCEF DOC. NO. 50

INDEX NO. 451130/2018

RECEIVED NYSCEF: 06/14/2018

| Schedule B (F Name of organ | Form 990, 990-EZ, or 990-PF) (2014) Ization | | | Page 4 | |
|--------------------------------|--|-------------------------------------|---------------------|---|--|
| | | | | | |
| THE DON | IALD J. TRUMP FOUNDATIC |)N butions to organizations desc | ribed in section | on 501(c)(7), (8), or (10) that total more than \$1,000 for | |
| 1" GIL III. | the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious, | lumns (a) through (e) and the | following line | on 501(c)(7), (8), of (10) that total more than \$1,000 for entry. For organizations | |
| | Use duplicate copies of Part III if additiona | I space is needed. | ,000 of less lof th | to your. (Entermis into. once.) | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | |
| Part 1 | | | | | |
| - | | <u></u> | | | |
| | | | | | |
| | 1 | (e) Transfer | of aift | | |
| | | | or And | | |
| | Transferee's name, address, an | d ZIP + 4 | R | elationship of transferor to transferee | |
| | | | | | |
| | | | | | |
| (a) No. | · | | | | |
| from Part I | (b) Purpose of gift | · (c) Use of gift | | (d) Description of how gift is held | |
| _ | | n | | | |
| | | | | | |
| | | | | | |
| | (e) Transfer of gift | | | | |
| | Transferee's name, address, an | d ZIP + 4 | В | elationship of transferor to transferee | |
| | | | | | |
| - | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | |
| Part I | | | | | |
| | | | | | |
| - I nu | | | | | |
| | | (e) Transfer | of gift | | |
| | | | | | |
| | Transferee's name, address, an | <u>d ZIP + 4</u> | R | elationship of transferor to transferee | |
| | | | | | |
| . – | | | | | |
| (a) No. | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | |
| - | | | | | |
| | | | | | |
| | | | - 4 -1/2 | · · · | |
| | | (e) Transfer | or gift | | |
| | Transferee's name, address, an | d ZIP + 4 | R | elationship of transferor to transferee | |
| - | | | | | |
| - | | | | | |
| | | | | | |

-

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

NYSCEF DOC. NO. 50

INDEX NO. 451130/2018 RECEIVED NYSCEF: 06/14/2018

| Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury | 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 | OMB No. 1545-0047 |
|--|---|--------------------------------|
| Internal Revenue Service Name of the organiza | its instructions is at www.irs.gov/form990 . | Employer identification number |
| | THE DONALD J. TRUMP FOUNDATION | |
| Organization type (che | ack 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 | X 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

X 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 crueity 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)

FILED: NEW YORK COUNTY CLERK 06/14/2018 11:23 AM INDEX NO. 451130/2018

NYSCEF DOC. NO. 50

•

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page 2

| Name of or | ganization | | Employ | er identification number |
|--------------|---|------|----------------------------|--|
| THE D | ONALD J. TRUMP FOUNDATION | | | |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | spac | e is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| | THE TRUMP CORPORATION 725 5TH AVENUE NEW YORK, NY 10022 | \$_ | 566,370. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| 2 | LAWRENCE ROMAN 30 NORTH MACQUESTEN PARKWAY MOUNT VERNON, NY 10550 | \$_ | 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| 3 | TRUMP PRODUCTIONS LLC 725 5TH AVENUE NEW YORK, NY 10022 | \$_ | 50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| 4 | NYREI 132 W 36TH ST, 2ND FL NEW YORK, NY 10018 | \$_ | 10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| 5 | UK OFFICE OF VICTOR PINCHUK FOUNDATION 10 QUEEN ST PLACE, LONDON, EC4R 1BE, ENGLAND, UNITED KINGDOM | \$_ | 150,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| 523452 10-22 | | \$_ | | Person Payroli Payroli Payroli Payroli Payroli Part Il for noncash contributions.) |

NYSCEF DOC. NO. 50

RECEIVED NYSCEF: 06/14/2018

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Page 3 Employer identification number

THE DONALD J. TRUMP FOUNDATION

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 |
|------------------------------|--|--|----------------------------|
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| | | > | 6 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimute) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| | | ¥ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | ×. |
| | | \$ | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | |
| | | \$ | 990, 990-EZ, or 990-PF) (2 |

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

NYSCEF DOC. NO. 50

RECEIVED NYSCEF: 06/14/2018

| ne or orga | anization | | Employer Identification number | | |
|-------------------------|--|--|--|--|--|
| IE DO | NALD J. TRUMP FOUNDATIC | IN | | | |
| art III | Exclusively religious, charitable, etc., contr the year from any one contributor. Complete c completing Part III, anter the total of exclusively religious | ibutions to organizations described in columns (a) through (e) and the followi sharitable, etc., contributions of \$1,000 or les | section 501(c)(7), (8), or (10) that total more than \$1,000 for ng line entry. For organizations s for the year. [Enter this info. onto.] | | |
| | Use duplicate copies of Part III if additiona | al space is needed. | | | |
| i) No. rom Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | | | | |
| | Transferee's name, address, ar | (e) Transfer of gift | Relationship of transferor to transferee | | |
| | | | | | |
|) No. rom Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| · | Transferee's name, address, ar | (e) Transfer of gift | Relationship of transferor to transferee | | |
|) No. | | | | | |
| rom 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, ar | nd ZIP + 4 | Relationship of transferor to transferee | | |
|) No. rom | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| Part I | | | | | |
| | (e) Transfer of gift | | | | |
| - | Transferee's name, address, ar | od ZIP + 4 | Relationship of transferor to transferee | | |

NYSCEF DOC. NO. 50

| Schedule B | Schedule of Contributors | OMB No. 1545-0047 | |
|--|--|--------------------------------|--|
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revonue Service | 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. | | |
| Name of the organization | | Employer identification number | |
| | THE DONALD J. TRUMP FOUNDATION | | |
| Organization type (chec | k 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 | X 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

K 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 crueity to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2016)

NYSCEF DOC. NO. 50

| Schedule I | B (Form 990, 990-EZ, or 990-PF) (2016) | | Page 2 |
|------------|--|-----------------------------|--|
| Name of or | ganization | Emplo | yer identification number |
| THE DO | ONALD J. TRUMP FOUNDATION | | |
| Part I | Contributors (See instructions). Use duplicate copies of Part I if a | dditional space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | IVANKA TRUMP 725 5TH AVENUE | s 100,000. | Person X Payroll Noncash |
| | NEW YORK, NY 10022 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | PHIL RUFFIN 3300 LAS VEGAS BLVD S LAS VEGAS, NV 89109 | \$1,000,000. | Person X Payroli Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | LAURA PERLMUTTER PO BOX 1028 LAKE WORTH, FL 33460 | \$ <u>1,000,000</u> . | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | DARYL & STEVEN ROTH FOUNDATION 888 SEVENTH AVENUE NEW YORK, NY 10016 | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5_ | JOHN J CAFARO 6874 STRIMBU DRIVE BROOKFIELD, OH 44403 | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u> </u> | | \$ \$ Schedule B (Foi | Person X Payroll Noncash (Complete Part II for noncash contributions.) m 990, 990-EZ, or 990-PF) (2016) |

NYSCEF DOC. NO. 50

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page 3

Employer identification number Name of organization THE DONALD J. TRUMP FOUNDATION Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) Date received from Description of noncash property given (See instructions) Part I \$ (a) (c) (d) No. . (b) FMV (or estimate) Date received from Description of noncash property given (See instructions) Part I \$ (a) (c) (d) No. (b) FMV (or estimate) Date received from Description of noncash property given (See instructions) Part I (a) (c) (d) No. (b) FMV (or estimate) **Date received** from Description of noncash property given (See instructions) Part I \$ (a) (c) (d) No. (b) FMV (or estimate) **Date received** from Description of noncash property given (See instructions) Part I \$ (a) (c) (d) No. (b) FMV (or estimate) **Date received** Description of noncash property given from (See instructions) Part I \$

NYSCEF DOC. NO. 50

| Schedule B | (Form 990, 990-EZ, or 990-PF) (2016) | | Page 4 | | |
|---------------------------|---|---|--|--|--|
| Name of orga | | Employer identification number | | | |
| | | | | | |
| THE DO Part III | NALD J. TRUMP FOUNDATIC | N | (10) for (10) that total more than \$1,000 for | | |
| Partin | the year from any one contributor. Complete a completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additional | charitable, etc., contributions of \$1,000 or less fo | ction 501(c)(7), (8), or (10) that total more than \$1,000 for line entry. For exganizations at the year. (Enter this infe, once,) \triangleright \$ | | |
| (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 | | |
| | | | | | |
| | | | | | |
| ŀ | (e) Transfer of gift | | | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | | |
| - | | | | | |
| | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| Part I | | | | | |
| | | | | | |
| - | (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 | | |
| | | | | | |
| | | | | | |
| | | <u> </u> | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)