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Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

2016, and ending For calendar year 2016 or tax year beginning A Employer identification number Name of foundation 74-3050638 THE CAESARS FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 702-676-5486 ONE CAESARS PALACE DRIVE City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here. . . 89109 LAS VEGAS, NV Initial return G Check all that apply Initial return of a former public charity D 1 Foreign organizations, check here . Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change computation H Check type of organization X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . Fair market value of all assets at J Accounting method Cash | X | Accrual if the foundation is in a 60-month termination end of year (from Part II, col (c), line Other (specify) under section 507(b)(1)(B) check here . 16) **►** \$ 42,715.00 (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and for charitable (b) Net investment (c) Adjusted net total of amounts in columns (b), (c), and (d) expenses per may not necessarily equal the amounts in income income purposes books (cash basis only) column (a) (see instructions)) Contributions, gifts, grants, etc received (attach schedule) . 1,600,000.00 if the foundation is not required to attach Sch B. 3 Interest on savings and temporary cash investments. Dividends and interest from securities b Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a _____ Capital gain net income (from Part IV, line 2). Net short-term capital gain. Income modifications . 10 a Gross sales less returns and allowances . . . Less Cost of goods sold . Gross profit or (loss) (attach schedule) Other income (attach schedule) Total. Add lines 1 through 11 12 1,600,000,00 B Compensation of officers, directors, trustees, etc . . Other employee-salaries-and-wages Pension plans, employee benefits. Legal fees (attach schedule) b Accounting ees (attach schedule) 17. 80,678.00 c Other professional fees (attach schedule) Interest Taxes (attach-schedule) (see hs Depreciation (attach schedule) and depletion. Travel, conferences, and meetings 62,004.00 2 62,004.00 Printing and publications 50.00 50.00 Other expenses (attach schedule) Total operating and administrative expenses. 142,732.00 62,054.00 Add lines 13 through 23. Contributions, gifts, grants paid 1,477,500.00 1,477,500.00 26 1,620,232.00 1,539,554.00 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 -20,232.00 a Excess of revenue over expenses and disbursements . . b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-).

Page 2

| Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year | | Beginning of year | End o | of year |
|---|--|---|---|--|
| r ary i | Balance Sheets description column should be for end-of-year amounts only (See instructions) | (a) Book value | (b) Book Value | |
| 1 | Cash - non-interest-bearing , | 62,947.00 | 42,715.00 | 42,715.00 |
| 2 | Savings and temporary cash investments | | | |
| 3 | Accounts receivable | <u> </u> | | 921 |
| 1 | Less allowance for doubtful accounts ▶ | <u> </u> | | |
| | Pledges receivable ▶ | 367347 C | ~ | |
| | Less allowance for doubtful accounts ▶ | <u> </u> | | |
| 5 | Grants receivable | <u> </u> | <u> </u> | |
| | Receivables due from officers, directors, trustees, and other | 1 | | |
| | disqualified persons (attach schedule) (see instructions) \dots | | | |
| 7 | Other notes and loans receivable (attach schedule) | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| Ssets | Less allowance for doubtful accounts ▶ | | | |
| 88 | Inventories for sale or use | | | |
| | Prepaid expenses and deferred charges | | | |
| ľ | Investments - U S $$ and state government obligations (attach schedule). $$. | | | |
| 1 | Investments - corporate stock (attach schedule) , | | | |
| 116 | Investments - corporate bonds (attach schedule) | Anto Com Mar Marie Walk San 30. | | |
| } | and equipment basis Less accumulated depreciation | | | |
| 1 | (attach schedule) | | | |
| | Investments - mortgage loans | | | |
| 13 14 | Investments - other (attach schedule) | 100 m | (| 22323332233 |
| ł | Loss assumulated description : | | | |
| 145 | (attach schedule) | | | |
| | Other assets (describe Total assets (to be completed by all filers - see the | | | |
| | instructions Also, see page 1, item i) | | 42,715.00 | 42,715.00 |
| | | | 42,713.00 | 42,713.00 |
| | Accounts payable and accrued expenses | | - | |
| 8 | Deferred revenue | 1 | | |
| क्र <u>ीम्</u> | Loans from officers, directors, trustees, and other disqualified persons. | | | |
| | Mortgages and other notes payable (attach schedule) | | | |
| | Other liabilities (describe) | 1 | | |
| | , | | | |
| 23 | Total liabilities (add lines 17 through 22) | | | |
| 7/8 | Foundations that follow SFAS 117, check here | | | |
| 12 | and complete lines 24 through 26 and lines 30 and 31. | | | \ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| 84 | Unrestricted | | <u> </u> | . 4 |
| 19 5 | Temporarily restricted | | | , , , |
| 至6 | Permanently restricted | | | |
| <u>E</u> | Foundations that do not follow SFAS 117, | | | * * * 1 |
| 0 | check here and complete lines 27 through 31. | | | |
| Net Assets or Fund Ba | Capital stock, trust principal, or current funds | 62,947.00 | 42,715.00 | |
| 8 | Paid-in or capital surplus, or land, bldg , and equipment fund | | <u> </u> | 1 |
| 29 | Retained earnings, accumulated income, endowment, or other funds $\ \ .$ | | | |
| _ | Total net assets or fund balances (see instructions) | 62,947.00 | 42,715.00 | ; |
| ı | Total liabilities and net assets/fund balances (see | 60 0.7 00 | 10 715 00 | |
| | instructions) | | 42,715.00 | |
| | Analysis of Changes in Net Assets or Fund Bala | | | |
| | al net assets or fund balances at beginning of year - Part | | | 62 947 00 |
| | -of-year figure reported on prior year's return) | | | 62,947.00 |
| | er amount from Part I, line 27a er increases not included in line 2 (itemize) | | | -20,232.00 |
| | lines 1, 2, and 3 | | | 42,715.00 |
| | reases not included in line 2 (itemize) ► | • | 5 | 72,113.00 |
| | al net assets or fund balances at end of year (line 4 minus | s line 5) - Part II, column (| | 42,715.00 |
| 0 ,00 | a not assets of fund balances at end of year time 4 minus | s into 5) - r art ii, colulliii (| υ _{λι} απο συ ,] θ | Form 990-PF (2016) |

| Pa | rt IV Capital Gains | and Losses for Tax on Inv | estment income | | | |
|----------|---|--|---|---|--|----------------------------------|
| | | d describe the kind(s) of property sold rick warehouse, or common stock, 200 | | (b) How acquired P - Purchase D - Donation | | (d) Date sold (mo , day, yr) |
| 1 a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | · | | <u> </u> | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (lo (e) plus (f) minu | |
| a | | | | | | |
| <u>b</u> | | | | | | |
| <u>c</u> | | | | | | |
| <u>d</u> | | | | ļ | | |
| <u>e</u> | | | <u> </u> | | | |
| | Complete only for assets s | howing gain in column (h) and owner | | | Gains (Col (h) ga | |
| (| i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | col | (k), but not less the Losses (from col | |
| a | | | | <u></u> | | |
| b | | | | ļ | | |
| c | | | | | | |
| <u>d</u> | | | | <u> </u> | | |
| е | | | <u> </u> | | | |
| 2 | Capital gain net income | or their capital loss) | pain, also enter in Part I, line 7 loss), enter -0- in Part I, line 7 | 2 | | |
| 3 | | ain or (loss) as defined in sections | | } | | |
| | If gain, also enter in Pa | art I, line 8, column (c) (see ins | structions) If (loss), enter -0- in | } } | | |
| | | | | 3 | | |
| Pa | rt V Qualification L | <u> Jnder Section 4940(e) for Re</u> | duced Tax on Net Investment I | ncome | | |
| Was | | | butable amount of any year in the ba | ase period | d? | Yes No |
| 1 | | | ear, see the instructions before make | ng any en | tries | · |
| <u> </u> | (a) | (b) | (c) | ing any on | (d) | |
| Cal | Base period years endar year (or tax year beginning in) | Adjusted qualifying distributions | Net value of noncharitable-use assets | | Distribution ra (col (b) divided by | |
| | 2015 | | | | | |
| | 2013 | | | | | |
| | 2012 | | | | | |
| | 2011 | | | | | |
| | | | <u> </u> | | | |
| 2 | Total of line 1 column (c | d) | | 2 | | |
| 3 | Average distribution ratio | o for the 5-year base period - div | ide the total on line 2 by 5, or by the | | | |
| • | | - | ess than 5 years | 3 | | |
| | nambor or years the rea | ridation has been in existence in t | oss than s years | | | |
| 4 | Enter the net value of no | oncharitable-use assets for 2016 | from Part X, line 5 | 4 | 37 | 1,092.48 |
| 5 | Multiply line 4 by line 3. | | • | 5 | | |
| 6 | Enter 1% of net investm | ent income (1% of Part I, line 27b) |) | 6 | | |
| 7 | Add lines 5 and 6 | | | 7 | | |
| 8 | Enter qualifying distribut | tions from Part XII, line 4 | x in Part VI, line 1b, and complete | that part | | 9,554.00 x rate. See the |
| | Part VI instructions | 7. 22.07 Cidir iiilo 7, Ollook tiid 00. | rait vi, into ro, and complete | at pari | . 30g G 170 la | 000 1110 |

Page 4

| Par | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948- see i | nstruc | tions) | |
|-------------|--|--------|--------|---------------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here | | _ | |
| | Date of ruling or determination letter (attach copy of letter if necessary - see instructions) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | | |
| | here ▶ and enter 1% of Part I, line 27b | | | |
| С | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J | | | |
| | Part I, line 12, coi (b) | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2 | | | |
| 3 | Add lines 1 and 2 | | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4 | | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 | | | |
| 6 | Credits/Payments | | | |
| а | 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 10.00 | | | |
| b | Exempt foreign organizations - tax withheld at source | | | |
| С | Tax paid with application for extension of time to file (Form 8868) 6c | | | |
| d | Backup withholding erroneously withheld | | 1.0 | |
| 7 | Total credits and payments Add lines 6a through 6d | | 10. | 00 |
| 8 | Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached , | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | 1.0 | ~~ |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | 10. | |
| 11 10 ac | Enter the amount of line 10 to be Credited to 2017 estimated tax Refunded 11 | | 10. | 00 |
| | t VII-A Statements Regarding Activities | т | · 1 | |
| та | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | 10 | Yes | No X |
| _ | participate or intervene in any political campaign? | 1a | | |
| u | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see | 1b | , , | X |
| | Instructions for the definition)? | 10 | | |
| | published or distributed by the foundation in connection with the activities | | | |
| С | Did the foundation file Form 1120-POL for this year? | 1c | | Х |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | |
| - | (1) On the foundation \$\\$ (2) On foundation managers \$\\$ | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | |
| | on foundation managers > \$ | | . } | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | _X |
| | If "Yes," attach a detailed description of the activities | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | } | 1 | |
| | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | Х |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a - | | _X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | | X |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | X_ |
| | If "Yes," attach the statement required by General Instruction T | } | } | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | 1 | } | |
| | By language in the governing instrument, or | } ; | } | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | 1, |
| | conflict with the state law remain in the governing instrument? , | 6 | | _X_ |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | 7 | _X | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | } | } | |
| _ | If the enquire to "Man" to live 7 has the foundation formated a second formated and the second formate | 1 | } | |
| a | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | 8ь | × | |
| ۵ | (or designate) of each state as required by General Instruction G ² If "No," attach explanation | 80 | | |
| 9 | is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the tayable year hegipping in 2016 (see instructions for Part XIVA2 if "Year" | | | |
| | 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV | 9 | | Х |
| 40 | | | | - |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | 10 | } | Х |
| | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 0-PF (| |

| Pai | t VII-A Statements Regarding Activities (continued) | | | |
|-----|--|--|---------|---|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | Yes | No |
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified | 1 | | |
| | person had advisory privileges? If "Yes," attach statement (see instructions) | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Χ | |
| | Website address ▶ | | | |
| 14 | The books are in care of ▶ Leah Ruddy Telephone no ▶ 702-676 | <u>-548</u> | 6 | |
| | Located at ▶ One Caesars Palace Drive, Las Vegas, NV ZIP+4 ▶ 89109 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | 🕨 | |
| | and enter the amount of tax-exempt interest received or accrued during the year | | | |
| 16 | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority | | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | بب | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of | 14, 14, 18 14, 14, 18 | | |
| | the foreign country | <u> </u> | 1 1 1 m | 4.3.73 |
| Pa | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | 13 | V | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | 2 3 3x1 | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly) | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | 2 2 2 | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | 20.4.3 | | |
| | | 2 | | |
| | (c) a series good, and the control of the control o | | | 321 |
| | () system and a particular and a partic | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | | | |
| | the benefit or use of a disqualified person)? | | | |
| | foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days) | 1 4 4 | × | |
| 'n | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| ~ | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | - | in Seminar is a . |
| | Organizations relying on a current notice regarding disaster assistance check here | A. 199. 18 | 15 | 45.70 Q |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | | |
| | were not corrected before the first day of the tax year beginning in 2016? | 1c | | Χ |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | Silve Silve Silve | 100 | * * * * * * * * * * * * * * * * * * * |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | 3 0 3 | * 43, | * |
| а | At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and | (2 ° × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × | , ; ~ | , ,, |
| | 6e, Part XIII) for tax year(s) beginning before 2016? | [] | [| - |
| | If "Yes," list the years | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | | | |
| | all years listed, answer "No" and attach statement - see instructions) | 2b | | |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here |]] | | |
| _ | | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | |
| | at any time during the year? | | ļ | |
| 0 | If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or | | | |
| | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the | | } | |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of | | | |
| | the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the | 3b | | |
| 4- | foundation had excess business holdings in 2016) | 4a | | X |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | 70 | | - 1 |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016? | 4b | | X |
| | | لبنب | | |

| Pai | t VII-B Statements Regarding Activities | for Which Form | 4720 May Be Red | uired (continued) | | |
|--|--|---------------------------------------|-----------------------------------|---|-------------------------|-------------|
| 5a | During the year did the foundation pay or incur any amo | unt to | | | | |
| | (1) Carry on propaganda, or otherwise attempt to influe | ence legislation (section | n 4945(e))? | Yes X No | 0 | |
| | (2) Influence the outcome of any specific public ele | ection (see section 4 | 4955), or to carry o | n, | ł | |
| | directly or indirectly, any voter registration drive? | | | Yes X No | 0 | |
| | (3) Provide a grant to an individual for travel, study, or o | | | | o | |
| | (4) Provide a grant to an organization other than a | charitable, etc., org | janization described | ın | 1 | |
| | section 4945(d)(4)(A)? (see instructions) | | | Yes X N | ٥ | |
| | (5) Provide for any purpose other than religious, ch | | | | 1 | |
| | purposes, or for the prevention of cruelty to children | or animals? | | Yes X No | ь | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in | | | | | | } |
| | Regulations section 53 4945 or in a current notice regar | ding disaster assistar | ice (see instructions)? | | 5b_ | |
| | Organizations relying on a current notice regarding disas | ster assistance check | here | | | |
| С | If the answer is "Yes" to question 5a(4), does the | foundation claim e | xemption from the | tax | 1 | } |
| | because it maintained expenditure responsibility for the | grant? | <i>.</i> | Yes No | o | |
| | If "Yes," attach the statement required by Regulations se | ction 53 4945-5(d) | | | ļ | |
| 6a | Did the foundation, during the year, receive any fur | ids, directly or indir | ectly, to pay premiu | ms | } | |
| | on a personal benefit contract? | | | Yes X No | o | } |
| Ь | Did the foundation, during the year, pay premiums, dire | | | | . 6b | X |
| | If "Yes" to 6b, file Form 8870 | | | | | |
| 7 a | At any time during the tax year, was the foundation a pa | arty to a prohibited ta | x shelter transaction?. | . Yes X No | o | } |
| b | If "Yes," did the foundation receive any proceeds or have | | | | | |
| Pai | t VIII Information About Officers, Director | rs, Trustees, Fou | indation Manager | s, Highly Paid Em | ployees, | |
| 1 | and Contractors List all officers, directors, trustees, foundation n | nanagers and their | r compensation (see | e instructions). | | |
| | (a) Name and address | (b) Title, and average hours per week | (c) Compensation (If not paid, | (d) Contributions to employee benefit plans | (e) Expens | e account, |
| | | devoted to position | enter -0-) | and deferred compensation | other all | owances |
| <u>See</u> | Attached Worksheet | } | | | | |
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| | | } | | | | |
| | | | | <u> </u> | | |
| 2 | Compensation of five highest-paid employees "NONE." | (other than thos | e included on lin | e 1 - see instructi | ons). It no | one, enter |
| | | (b) Title, and average | | (d) Contributions to | | |
| (a) | Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | employee benefit plans and defened | (e) Expens other all | |
| N | | develop to position | | compensation | , | |
| Non | <u>e</u> | | | | i i | |
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| | | <u> </u> | | L | | |
| lotal | number of other employees paid over \$50,000 | · · · · · · · · · · · · · · · · · · · | | <u></u> | - 004 | V DE |
| | | | | | Form 990 |)-PF (2016) |

| Part VIII Information About Officers, Directors, Trustees, Four and Contractors (continued) | dation Managers, Highly Paid Employ | yees, |
|--|---|------------------|
| 3 Five highest-paid independent contractors for professional service | ces (see instructions). If none, enter "NON | E." |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| None | | |
| | | |
| | | |
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| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | |
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| | | |
| Total number of others receiving over \$50,000 for professional services. | | |
| | | |
| Part IX-A Summary of Direct Charitable Activities | | |
| Let the foundation's four largest direct charitable activities during the tay year. Include rel | overt statistical information such as the number of | |
| List the foundation's four largest direct charitable activities during the tax year. Include rel organizations and other beneficianes served, conferences convened, research papers produce | | Expenses |
| 1 The Foundation generally does not engage in any direct cha | ritable | |
| activities. Rather, it uses its funds to provide financial | assistance | • |
| to charities chosen by its directors. | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments (see instr | uctions) | |
| Describe the two largest program-related investments made by the foundation during the tax | year on lines 1 and 2 | Amount |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | I |
| All other program-related investments. See instructions | | |
| 3 N/A | ļ | 1 |
| | | |
| | | |
| Total. Add lines 1 through 3 | - | |
| | • | - 000 DF |

Form 990-PF (2016)

| Part | Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions.) | gn four | ndations, |
|------|---|---------------|--------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | | |
| а | Average monthly fair market value of securities | 1a | |
| b | Average of monthly cash balances | 1b | 379,789.32 |
| С | Fair market value of all other assets (see instructions) | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 379,789.32 |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | , | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 379,789.32 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see | | |
| | instructions) | 4 | 5,696.84 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 374,092.48 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 18,704.62 |
| Pari | XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun | dations | |
| | and certain foreign organizations check here ▶ and do not complete this part) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 18,704.62 |
| | Tax on investment income for 2016 from Part VI, line 5 2a | | |
| b | Income tax for 2016 (This does not include the tax from Part VI). | | |
| C | Add lines 2a and 2b | 2c | |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 18,704.62 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 18,704.62 |
| 6 | Deduction from distributable amount (see instructions). | 6 | 10,704.02 |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, | + | |
| • | line 1 | 7 | 18,704.62 |
| | | | 10,704.02 |
| Par | XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | ļ | |
| а | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | 1a | 1,539,554.00 |
| b | Program-related investments - total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | 1 | |
| | purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| þ | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 1,539,554.00 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income | | |
| | Enter 1% of Part I, line 27b (see instructions) | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 1,539,554.00 |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca | lculatir | |
| | qualifies for the section 4940(e) reduction of tax in those years | | - |

Form **990-PF** (2016)

| Pa | rt XIII Undistributed Income (see instr | uctions) | | | |
|----|---|---------------|----------------------------|---------------------------------------|--------------|
| 1 | Distributable amount for 2016 from Part XI, | (a) Corpus | (b) Years prior to 2015 | (c) 2015 | (d) 2016 |
| • | line 7 | | | | 18,704.62 |
| • | Undistributed income, if any, as of the end of 2016 | | | | 10//01.02 |
| | Enter amount for 2015 only. | | } | | |
| | Total for pnor years 20,20,20 | | | | |
| | Excess distributions carryover, if any, to 2016 | | | | |
| | ; | | | | |
| | From 2011 | | | | |
| E, | From 2012 | | | | ŧ |
| | From 2013 | | | | |
| | From 2014 | | | | |
| | From 2015 | | | | |
| | Total of lines 3a through e | | | | |
| 4 | Qualifying distributions for 2016 from Part XII, line 4 > \$ 1,539,554.00 | | | | |
| _ | | | | | |
| | Applied to 2015, but not more than line 2a | | | | + |
| 0 | Applied to undistributed income of prior years (Election required - see instructions), | | | | |
| C | Treated as distributions out of corpus (Election required - see instructions) | | | | |
| d | Applied to 2016 distributable amount | | | | |
| | Remaining amount distributed out of corpus | | | | |
| 5 | Excess distributions carryover applied to 2016. | | | | |
| • | (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| | Enter the net total of each column as indicated below: | | | | |
| а | Corpus Add lines 3f, 4c, and 4e Subtract line 5 | | | · · · · · · · · · · · · · · · · · · · | |
| b | Prior years' undistributed income Subtract | | | | |
| _ | line 4b from line 2b | | | | |
| · | income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d | Subtract line 6c from line 6b Taxable | | | | |
| | amount - see instructions | | | | |
| е | Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount - see instructions | | | | |
| • | Undistributed income for 2016 Subtract lines | | | | |
| • | 4d and 5 from line 1. This amount must be | | | | |
| | distributed in 2017 | | | | 18,704.62 |
| 7 | Amounts treated as distributions out of corpus | | | | |
| | to satisfy requirements imposed by section | | | | |
| | 170(b)(1)(F) or 4942(g)(3) (Election may be | | | | |
| | required - see instructions) | | <u> </u> | | |
| 8 | Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) | | | | |
| 9 | Excess distributions carryover to 2017. | | | | |
| | Subtract lines 7 and 8 from line 6a | | | | |
| 10 | Analysis of line 9 | | | | |
| | Excess from 2012 | | 1 | | |
| b | Excess from 2013 | | | | |
| c | Excess from 2014 | | 1 | | |
| d | Excess from 2015 | | | | |
| | Excess from 2016 | | | | 1 |
| | | | | | 200 DE |

| Page | 1 | 0 |
|------|---|---|
|------|---|---|

| | | | | ind Part VII-A, questi it it is a private oper | | |
|--|--|---|---|---|----------------------------------|---|
| | | | | | - I | |
| | • | | _ | foundation described in | |)(3) or 4942(j) |
| | | Tax year | T | Prior 3 years | | ,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |
| | er the lesser of the ad- | (a) 2016 | (b) 2015 | (c) 2014 | (d) 2013 | (e) Total |
| • | ed net income from Part the minimum investment | (4) 2010 | (0) 2013 | (0) 2014 | (4) 2013 | |
| | m from Part X for each | lu | } | | } | |
| year | listed | | | | | |
| b 85% | of line 2a | | ļ | ļ | | ļ |
| C Qual | lifying distributions from Part | H | | | ł | |
| | ine 4 for each year listed . | r | <u> </u> | | <u> </u> | |
| | unts included in line 2c not directly for active conduct | H | } | | } | |
| | empt activities | | | | <u> </u> | |
| e Qual | lifying distributions made | | ł | | } | |
| | tly for active conduct of | | | | | |
| | om line 2c | | ł | | | |
| 3 Comp | plete 3a, b, or c for the | | | | | |
| | native test relied upon | | } | | , | |
| | ets" alternative test - enter | | j | | j | |
| | Value of all assets Value of assets qualifying | | | <u> </u> | | |
| | under section | | 1 | | 1 | |
| h "End | 4942(j)(3)(B)(i) | | | | | |
| | r 2/3 of minimum invest- | | [| | 1 | |
| | return shown in Part X, | | 1 | | | |
| | 6 for each year listed | | | | | |
| | port" alternative test - enter | | | | | |
| | Total support other than gross investment income | | | | 1 | , |
| | (interest, dividends rents, | | | | | |
| | payments on securities loans (section 512(a)(5)) | | } | } | 1 | |
| | or royalties) | | | | | |
| | Support from general public and 5 or more | | | | 1 | |
| | exempt organizations as | | | | | |
| | provided in section 4942 (j)(3)(B)(iii) | | | | } | <u> </u> |
| (3) | Largest amount of sup- | | | | | j |
| | port from an exempt organization | | <u></u> | | | <u></u> |
| | Gross investment income | | | | | |
| art X | V Supplemen | tary Information (| Complete this part | only if the founda | tion had \$5,000 o | r more in assets |
| | any time di | iring the year - see | instructions.) | • | | |
| 1 Info | ormation Regarding | Foundation Manage | rs: | | | |
| a List | any managers of | the foundation who i | have contributed moi | e than 2% of the total | al contributions receiv | ved by the founda |
| bef | ore the close of any | tax year (but only if the | ney have contributed i | more than \$5,000) (S | ee section 50 7(d)(2)) | |
| I/A | | | | | | |
| | any managers of | the foundation who | own 10% or more of | f the stock of a corp | oration (or an equally | y large portion of |
| | | | | n has a 10% or greater | | |
| | | | | • | | |
| I/A | | | | | | |
| 2 Info | ormation Regarding | Contribution, Grant | . Gift. Loan. Scholars | nip. etc Programs: | | |
| | | | | | | |
| Ob. | | ne roundation only | makes contributions | to preselected char | itable organizations a | and does not ac |
| Che | controlled requests for | or funds. If the found | ation makes diffs of | anta, etc tace matruc | tions) to individuals c | organizations un |
| uns | solicited requests for | | | • • • | | |
| uns oth | solicited requests for er conditions, comp | lete items 2a, b, c, an | d d | | aliantians about displace | denend |
| othe | solicited requests for er conditions, comp e name, address, a | lete items 2a, b, c, an nd telephone number | d d or e-mail address of | the person to whom ap | plications should be ad | |
| uns othe a The seah | collicited requests for er conditions, comp e name, address, and Ruddy, One Co | lete items 2a, b, c, and nd telephone number aesars Palace | dd or e-mail address of Drive, Las V | the person to whom ap | 9 702-676-5486 | |
| uns othe a The seah | collicited requests for er conditions, comp e name, address, and Ruddy, One Co | lete items 2a, b, c, and nd telephone number aesars Palace | dd or e-mail address of Drive, Las V | the person to whom ap | 9 702-676-5486 | |
| a The eah b The | e name, address, and Ruddy, One Complete form in which applications. | nd telephone number assars Palace ications should be suf | dd or e-mail address of Drive, Las V | the person to whom ap | 9 702-676-5486 | |
| uns other a The eah b The | solicited requests for er conditions, compounded name, address, and Ruddy, One Cape form in which applications and the conditions of the c | lete items 2a, b, c, and telephone number aesars_Palace ications should be sulksheet | dd or e-mail address of Drive, Las V | the person to whom ap | 9 702-676-5486 | |
| uns other a The eah b The | e name, address, and Ruddy, One Complete form in which applications. | lete items 2a, b, c, and telephone number aesars_Palace ications should be sulksheet | dd or e-mail address of Drive, Las V | the person to whom ap | 9 702-676-5486 | |
| uns other a The eah b The | solicited requests for er conditions, compounded name, address, and Ruddy, One Cape form in which applications and the conditions of the c | lete items 2a, b, c, and telephone number aesars_Palace ications should be sulksheet | dd or e-mail address of Drive, Las V | the person to whom ap | 9 702-676-5486 | |
| uns other a The seah b The c Any | e name, address, and Ruddy, One Care form in which apple Attached Worky submission deadling. | elete items 2a, b, c, and telephone number aesars Palace ications should be subseted. | d d or e-mail address of Drive, Las V bmitted and informati | the person to whom ap egas, NV 8910 on and materials they | 9 702-676-5486 should include | 5 |
| uns other a The seah b The c Any | e name, address, and Ruddy, One Control of the form in which apply attached Work y submission deadless, or lie of the form of | elete items 2a, b, c, and telephone number aesars Palace ications should be subseted. | d d or e-mail address of Drive, Las V bmitted and informati | the person to whom ap egas, NV 8910 on and materials they | 9 702-676-5486 | 5 |
| uns other a The seah b The See A c Any | e name, address, and Ruddy, One Control of the form in which apply attached Work y submission deadless, or lie of the form of | elete items 2a, b, c, and telephone number aesars Palace ications should be subseted. | d d or e-mail address of Drive, Las V bmitted and informati | the person to whom ap egas, NV 8910 on and materials they | 9 702-676-5486 should include | 5 |
| uns other a The seah b The c Any | e name, address, and Ruddy, One Control of the form in which apply attached Work y submission deadless, or lie of the form of | elete items 2a, b, c, and telephone number aesars Palace ications should be subseted. | d d or e-mail address of Drive, Las V bmitted and informati | the person to whom ap egas, NV 8910 on and materials they | 9 702-676-5486 should include | 5 |

| Form 990-PF (2016) | | | | Page 11 |
|--|--|-------------|----------------------------------|--------------|
| Part XV Supplementary Information (| continued) | | | |
| 3 Grants and Contributions Paid Duri Recipient Name and address (home or business) | ng the Year or Appi | oved for h | -uture Payment | T |
| Name and address (home or husiness) | show any relationship to any foundation manager | status of | Purpose of grant or contribution | Amount |
| a Paid during the year | or substantial contributor | recipient | | |
| See Attached Schedule | | - | | |
| ded including demodule | | | | |
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| Total | | | ▶ 3a | |
| b Approved for future payment N/A | 1 | 1 | | |
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| Total | | | ▶ 3b | l |

| Part XVI-A | Analysis of Income-Prod | ucing Act | ivities | | | |
|--------------------|--|---------------|--------------------------|----------------|-----------------------------------|---------------------------------------|
| Enter gross amou | unts unless otherwise indicated | (a) | ated business income (b) | Excluded b | y section 512, 513, or 514 (d) | (e) Related or exempt function income |
| 1 Program servi | | Business code | Amount | Exclusion code | Amount | (See instructions) |
| | | | | | | |
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| g Fees and co | ontracts from government agencies | | | | | } |
| 2 Membership o | dues and assessments | | <u> </u> | | | |
| 3 Interest on savi | ngs and temporary cash investments - | | | | | |
| | 1 interest from securities | | | | | |
| | ome or (loss) from real estate | <u> </u> | | | | |
| | nced property | Į. | | | | |
| | manced property | | | | | |
| | nent income | ì | | ļ | | |
| | rom sales of assets other than inventory | 1 | | | | |
| • • | r (loss) from special events · · · | | | | | |
| | r (loss) from sales of inventory | | | | | |
| 11 Other revenue | e a | | | \ | | |
| b | | | | ļ | | |
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| | | | | | | |
| e | anhuman (h) (d) and (a) | | | | | |
| | columns (b), (d), and (e) | | | | L | L |
| (See worksheet in | e 12, columns (b), (d), and (e) | ulations) | | • • • • • • | | |
| Part XVI-B | Relationship of Activities | | ccomplishment of Ex | cempt Pur | poses | |
| | plain below how each activity | | | | | uted importantly to the |
| | complishment of the foundation | | | | | |
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Page **13**

| art | XVII | Information Re Exempt Organ | | sfers To and Tran | sactions and | Relations | nips With None | chari | table |) |
|---------|----------|--|-------------------------------------|--|------------------------------------|-------------------------------|---------------------------------------|----------------|------------------|---------------|
| 1 | n secti | * | | gage in any of the fo ction 501(c)(3) organ | | - | | | Yes | No |
| | | • | • | noncharitable exempt | - | | | | | 17 |
| | | | | | | | | 1a(1) 1a(2) | | X |
| | | ransactions | | | | <i>.</i> | · · · · · · · · · · · | 1912) | | |
| (| (1) Sale | es of assets to a no | ncharitable exemp | t organization | | | | 1b(1) | | X |
| | | | | e exempt organization. | | | | 1b(2) | | X |
| | | • | • | sets | | | | 1b(3) | | X |
| | | _ | | | | | | 1b(4) | | X |
| | | _ | | or fundraising solicitat | | | | | | X |
| | | | | other assets, or paid | | | | | | Χ |
| , | value o | of the goods, other and transaction or | assets, or service sharing arranger | complete the follow s given by the report ment, show in column | ting foundation In (d) the value o | f the foundat f the goods, | tion received less other assets, or s | than ervice | fair m s rece | arke eived |
| (a) Lin | e no | (b) Amount involved | (c) Name of non | charitable exempt organizati | ion (d) Descr | ption of transfer | s, transactions, and sha | ing arra | ngeme | nts |
| | | | | | | | | | | |
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| , | describ | ed in section 501(c) " complete the follow | of the Code (otherwing schedule | ated with, or related or than section 501(c) | (3)) or in section | 527? | | | es [_ |] No |
| | | (a) Name of organization | ' | (b) Type of organiz | LAUUN | (C) | Description of relations | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | this return, including accomp ayer) is based on all information | | | the best of my knowledg | e and b | elief, it | is true |
| ign | | 1 /Da | | ŀ | mprice | | May the IRS | | | |
| iere | Sign | nature of officer or trustee | | Date | Trus' | 1 E E | with the pr (see instruction | eparer s)? | Yes | below No |
| aid | | Print/Type preparer's na | me | Preparer's signature | | Date | Check if | PTIN | | |
| rep | arer | Firm's name | | 1 | | | Firm's EIN | | | |
| Jse | Only | Firm's address | | | | | . 13 . 7. 77 13 | | | |
| | | l | | | | } | Those se | | | |

Schèdule 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

| Name of the organization | | Employer identification number |
|---|--|---|
| THE CAESARS FOUNDAY | TION | 74-3050638 |
| 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 for | undation |
| | 527 political organization | |
| Form 990-PF | X 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundate | ition |
| | 501(c)(3) taxable private foundation | |
| • | overed by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a | Special Rule See |
| X For an organization f | iling Form 990, 990-EZ, or 990-PF that received, during the year, contribition property) from any one contributor. Complete Parts I and II. See instructions. | |
| Special Rules | | |
| regulations under sec 13, 16a, or 16b, and | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 foctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 that received from any one contributor, during the year, total contribution the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 | or 990-EZ), Part II, line s of the greater of (1) |
| contributor, during th | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that is experimentally ex | haritable, scientific, |
| contributor, during th contributions totaled during the year for ar General Rule applies | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that is e year, contributions exclusively for religious, charitable, etc., purposes, by more than \$1,000. If this box is checked, enter here the total contribution in exclusively religious, charitable, etc., purpose. Don't complete any of the to this organization because it received nonexclusively religious, charitable one during the year | ut no such s that were received parts unless the e, etc , contributions |
| 990-EZ, or 990-PF), but it must | sn't covered by the General Rule and/or the Special Rules doesn't file Sch t answer "No" on Part IV, line 2, of its Form 990, or check the box on line certify that it doesn't meet the filing requirements of Schedule B (Form 990 | H of its Form 990-EZ or on its |

Name of organization * THE CAESARS FOUNDATION Employer identification number

| Part | Contributors (See instructions) Use duplicate copies | s of Part I if additional space is n | eeded |
|------------|--|--------------------------------------|---|
| (a) No. | (b) Name, address, and ZiP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | Caesars Enterprise Services LLC One Caesars Palace Drive Las Vegas, NV 89109 | \$\\$\\$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroli Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZiP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |

Employer identification number

THE CAESARS FOUNDATION

74 - 3050638

| Part II | Noncash Property (See instructions). Use duplicate copies | of Part II if additional space is nee | eded |
|---------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 1 | Pledges Receivable (Various Dates) | | |
| (a) No. from | (b) | \$ 1,600,000.00 (c) FMV (or estimate) | (d) |
| Part I | Description of noncash property given | (See instructions) | 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) (2016) Name of organization **Employer identification number** THE CAESARS FOUNDATION 74-3050638 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once. See instructions) ▶\$ Use duplicate copies of Part III if additional space is needed 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 (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 (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 (c) Use of gift from (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4

The Caesars Foundation FEIN 74-3050638 Attachment to Form 990-PF Page 11, Part XV, Line 3a Grants and Contributions Paid 2016

| Recepted American American American American American American American American American Contribution American Contribution American Contribution Contrib | | If recipient is an individual, show any relationship to | Foundation | | |
|--|--|---|---|------------------|----------|
| American Cancinal Society of Markinopa N/A | • | any foundation manager | status of | • | Amaunt |
| 220 Wilders Street NW Anthres Cancer Society of DeScio County, MS Anthres Cancer Society of DeScio County of | | | | | 10,000 |
| American Cancer's Society of DeSoto Courny, MS 2016/(3) 2 | 250 Williams Street NW | TWO . | 301(0)(0) | i rogram Support | 10,000 |
| 250 Williams Street NW Adharta, CA 3003 Sevent Support 2 2 2 2 2 2 2 2 2 | | | <u> </u> | | |
| American Diabetes Association 2242 Edembron was Suite 66 Metaire, La 70005 The Annaire Foundation 805 Brook Hollow Dr 805 Brook Hollow D | | N/A | 501(c)(3) | Program Support | 7,000 |
| 224 EBerborn Ave State 680 | Atlanta, GA 30303 | ļ | 1 | | |
| Metamer, LA 70005 American Red Cross - Northwest Louiseana Chapter N/A 501(c)(3) Event Support 5 805 Brook Hollow ID NA 501(c)(3) Event Support 10 Rose SM Mayare B Las Vagas, NV 89101 Las Vagas, NV 89101 Las Vagas, NV 89191 25 Best Blookdes Nevada N/A 501(c)(3) Program Support 50 SON P Rantow, Such 314 Las Vagas, NV 89107 Las Vagas, NV 89107 Las Vagas, NV 89107 15 Cars 4 Christmas N/A 501(c)(3) Program Support 50 Las Vagas, NV 89107 Las Vagas, NV 89107 Las Vagas, NV 89107 15 Cars 4 Christmas N/A 501(c)(3) Program Support 15 Retion, MO 64012 N/A 501(c)(3) Program Support 25 National Covin Ryths Museum N/A 501(c)(3) Program Support 25 Memphis, IT, 33 310 Retion Country Public Education Foundation N/A 501(c)(3) Program Support 100 Las Vagas, NV 89 102 Retu Sugas, NV 89 103 N/A 501(c)(3) <td< td=""><td>American Diabetes Association</td><td>N/A</td><td>501(c)(3)</td><td>Event Support</td><td>2,500</td></td<> | American Diabetes Association | N/A | 501(c)(3) | Event Support | 2,500 |
| American Red Cross- North Program Support Streegen, L. A. 71105 Shreegen, L. A. 71105 Shreegen, L. A. 71105 Shreegen, L. A. 71105 The Ammal Foundation NVA S01(c)(3) Program Support 10 American Red Cross NVA S01(c)(3) Event Support 25 Las Vegas, NV 89101 American Red Cross NVA S01(c)(3) Program Support S50 NRA S01(c)(3) Program Support S50 Ranbow, Suste 374 Sales Vegas, NV 89107 Cars 4 Christmas NVA S01(c)(3) Program Support S50 Ranbow Subra And No Solicy Sales Vegas, NV 89107 Cars 4 Christmas NVA S01(c)(3) Program Support S50 Cars Curvin Public Education Foundation NVA S01(c)(3) Program Support S08 Sales And No Seles NVA S01(c)(3) Program Support S08 Card Curvin Public Education Foundation NVA S01(c)(3) NVA S01(c)(3) Program Support S08 Card Curvin Public Education Foundation NVA S01(c)(3) Program Support S08 Card Curvin Public Education Foundation NVA S01(c)(3) Program Support S08 Card Curvin Public Education Foundation NVA S01(c)(3) Program Support S08 Sales NV 89102 Community Foundation of Western Nevada S01(c)(3) Program Support S08 Community Foundation of Western Nevada S01(c)(3) Program Support S08 S08 S08 S08 S08 S08 S08 S0 | 2424 Edenborn Ave Suite 660 | | 1 | 1 " | 1 |
| BOS Brook Hollow Dr | | | | | |
| Sheepent LA 71105 | | N/A | 501(c)(3) | Event Support | 5,000 |
| The Ammal Foundation | | 1 | 1 | | |
| SS5 M Ngayer Rd | | - INVA | 1501/01/01 | | 10.000 |
| Las Vegas, NV 89101 | Y | IVA | 301(0)(3) | Program Support | 10,000 |
| American Ped Cross 1717 Flammap 2008 128 129 | | | 1 | | 4 |
| 1771 E Flammop #206B Las Vegas, NV 89119 Set Buddies Nevada NVA S01(c)(3) Program Support 50 S00 N Rambow, Sue 914 Las Vegas, NV 89107 S01 (c)(3) Program Support 50 S01 (c)(4) Program Support 50 S01 (c)(5) Program Support 50 S01 (c)(6) Program Support 50 S01 (c)(6) Progra | | N/A | 501(c)(3) | Event Support | 25,000 |
| Best Buddies Nevada S01(c)(3) Program Support S01 | 1771 E Flamingo #206B | | (-)(-) | January Province | 42,000 |
| South Nambow, Sute 314 | Las Vegas, NV 89119 | | <u>i </u> | 11 | |
| Las Vegas, NV 89:07 | | N/A | 501(c)(3) | Program Support | 50,000 |
| Cars A Christmas | · · · · · · · · · · · · · · · · · · · | | l | l l | l |
| P O Box 518 Selton, MIO 64012 NA Abotanal Curl Rights Museum | | - | | | |
| Belton, MG 64012 National Civil Rights Museum NA S01(c)(3) Program Support 25 | | N/A | 501(c)(3) | Program Support | 15,000 |
| National Civil Rights Museum AVA S01(c)(3) Program Support 25 | | | | 1 | 1 |
| Memphs, TN 38103 | | N/A | 501(0)(3) | Drogram Support | 25,000 |
| Memphis, TM 38103 | | | 301(0)(3) | Frogram Support | 25,000 |
| 3360 W Sahara Ave Ste 160 | | į | 1 |]] | į |
| 3360 W Sahara Ave Ste 160 | Clark County Public Education Foundation | N/A | 501(c)(3) | Program Support | 100,000 |
| Community Foundation of Western Nevada NVA 501(c)(3) Program Support 10 | | | 1 | | |
| So Washington St Surte 300 Reno, NV 89503 Program Support Solicitis | | | | | |
| Reno, NV 89503 | | INVA | 501(c)(3) | Program Support | 10,000 |
| Community Food Bank of New Jersey N/A | | ł | | 1 | } |
| 6735 Black Horse Pike | | N/A | 501(c)(3) | Program Support | 5,000 |
| Clean The World Foundation NVA S01(c)(3) Program Support 125 | | 100 | 301(0)(3) | Program Support | 5,000 |
| 8026 Sunport Drive, #306 Orlando, FL 32809 Event Support 20 | | 1 | | | ì |
| Orlando, FL 32809 Education Aliliance of Washoe County N/A 501(c)(3) Event Support 20 | | N/A | 501(c)(3) | Program Support | 125,000 |
| Education Affiance of Washoe County N/A 501(c)(3) Event Support 20 | | 1 | 1 | | |
| 2880 Sutro St Reno, NV 89512 Foundation for an Independent Tomorrow N/A 501(c)(3) Event Support 20 2069 E Sahara Suite B Las Vegas, NV 89104 Humane Society of South Mississippi N/A 501(c)(3) Event Support 10 2615 25th Ave Gulfport, Mississippi 39501 Goodwill of Southern Nevada N/A 501(c)(3) Program Support 10 1280 West Cheyenne Avenue North Las Vegas, NV 89030 Green Chips N/A 501(c)(3) Program Support 15 3050 E Flamingo Road Las Vegas, NV 89121 Haven House N/A 501(c)(3) Program Support 19 PO Box 508 Hammon, IN 46325 Heartland Family Services N/A 501(c)(3) Program Support 10 2101 South 42nd Street Omaha, NE 68105 UMA 501(c)(3) Program Support 10 2101 South 42nd Street Omaha, NE 68105 UMA 501(c)(3) Program Support 10 2101 South 42nd Street Omaha, NE 68105 Umana, NE 68105 Umana, NE 68105 Umana, NE 68105 Umana NE | | | | | |
| Reno, NV 89512 Foundation for an Independent Tomorrow NVA 501(c)(3) Event Support 20 | | IN/A | 501(c)(3) | Event Support | 20,000 |
| Foundation for an Independent Tomorrow N/A | | 1 | ì | i i | i |
| 2069 E Sahara Sutte B Las Vegas, NV 89104 Humane Society of South Mississippi NVA 501(c)(3) Event Support 10 2615 25th Ave Gulfport, Mississippi 39501 Goodwill of Southern Nevada NVA 501(c)(3) Program Support 10 1280 West Cheyenne Avenue North Las Vegas, NV 89030 Free Chips NVA 501(c)(3) Program Support 15 3050 E Flamingo Road Las Vegas, NV 89121 Haven House NVA 501(c)(3) Program Support 19 PO Box 508 Harmon, IN 46325 Heartland Family Services NVA 501(c)(3) Program Support 10 2101 South 42nd Street Omaha, NE 68105 Jennie Edmundson Foundation NVA 501(c)(3) Program Support 10 | | N/A | 501(c)(3) | Event Support | 20,000 |
| Humane Society of South Mississippi 2615 25th Ave Gulfport, Mississippi 39501 Southern Nevada N/A Sol(c)(3) Program Support 10 1280 West Cheyenne Avenue North Las Vegas, NV 89030 Sreen Chips N/A Sol(c)(3) Program Support 15 15 15 15 15 15 15 1 | | (*** | (50,(5) | Livent Support | 20,000 |
| 2615 25th Ave Gulfport, Missassippi 39501 Goodwill of Southern Nevada 1280 West Cheyenne Avenue North Las Vegas, NV 89030 N/A 501(c)(3) Program Support 10 10 10 10 10 10 10 1 | Las Vegas, NV 89104 | | | | |
| Gulfport, Mississippi 39501 Goodwill of Southern Nevada N/A 501(c)(3) Program Support 10 | | N/A | 501(c)(3) | Event Support | 10,000 |
| Goodwill of Southern Nevada | | j | 1 | 1 | |
| 1280 West Cheyenne Avenue North Las Vegas, NV 89030 Green Chips N/A 501(c)(3) Program Support 15 3050 E. Flamingo Road Las Vegas, NV 89121 Haven House N/A 501(c)(3) Program Support 19 PO Box 508 Harmon, IN 46325 Heartland Family Services N/A 501(c)(3) Program Support 10 2101 South 42nd Street Omaha, NE 68105 Jennie Edmundson Foundation N/A 501(c)(3) Program Support 10 10 10 10 10 10 10 1 | | | · | | |
| North Las Vegas, NV 89030 | | [N/A | [501(c)(3) | Program Support | 10,000 |
| Green Chips N/A 501(c)(3) Program Support 15 | , | | | | |
| 3050 E Flammgo Road Las Vegas, NV 89121 Flammgo Road | | N/A | 501(c)(3) | Program Support | 15,000 |
| Haven House | | \ \frac{1}{2} | 00.(0)(0) | i rogram oupport | 15,555 |
| PO Box 508 Harmon, IN 46325 Heartland Family Services N/A 501(c)(3) Program Support 10 2101 South 42nd Street Omaha, NE 68105 Jennie Edmundson Foundation N/A 501(c)(3) Program Support 10 | Las Vegas, NV 89121 | | <u> </u> | _ | į, |
| Hammon, IN 46325 | | N/A | 501(c)(3) | Program Support | 19,000 |
| Heartland Family Services | |) | 1 | | 1 |
| 2101 South 42nd Street | | | 504 (0) | | |
| Ornaha, NE 68105 Solic)(3) Program Support 10 Jennie Edmundson Foundation N/A 501(c)(3) Program Support 10 | | INVA | 501(0)(3) | Program Support | 10,000 |
| Jennie Edmundson Foundation N/A 501(c)(3) Program Support 10 | T T T T T T T T T T T T T T T T T T T | { | 1 | l i | į |
| | | N/A | 501(c)(3) | Program Support | 10,000 |
| jood cast Fielde of [[[| 933 East Pierce St | | 1-11-1 | 1 | .5,550 |
| Council Bluffs, IA 51503 | | _ | <u> </u> | | } |
| | | N/A | 501(c)(3) | Program Support | 10,000 |
| 7220 S Crmarron, Suite 130 | | | | | j |
| Las Vegas, NV 89113 | | | 504(-)(0) | | |
| Lou Ruvo Center for Brain Health N/A 501(c)(3) Program Support 200 888 W Bonneville Ave | | I'VA | (c)(3) | Program Support | 200,000 |
| Las Vegas, NV 89106 | | 1 | 1 | ((| ļ |
| | | Inva | 501(c)(3) | Program Support | 150,000 |
| 203 South Union Street | | ļ ^{, -} | 1 1-10-1 | | . 50,000 |
| Alexandria, VA 22314 | Alexandria, VA 22314 | | | | |

| National Park Trust 401 E Jefferson SL, Suite 102 Rockville, MD 20850 Northern Illinois Food Bank 600 Industrial Drive | N/A | 501(c)(3) | Event Support | 60,000 |
|--|-------------|---------------------------------------|------------------|--------------|
| Rockville, MD 20850 Northern Illinois Food Bank 600 Industrial Drive | | | 1 1 | 1 |
| Northern Illinois Food Bank 600 Industrial Drive | | l l | | 1 |
| 600 Industrial Drive | | 1504/ 1/5 | | |
| | N/A | 501(c)(3) | Program Support | 10,000 |
| | | | | |
| St Charles, IL 60174 Opportunity Village | N/A | 501(c)(3) | Program Support | 100,000 |
| 6300 W Oakey Blvd | 100 | 301(6)(3) | Frogram Support | 100,000 |
| Las Vegas, NV 89146 | | ļ | 1 | i |
| River Fund | N/A | 501(c)(3) | Program Support | 15,000 |
| 55 Crvic Way | 1 | 30 (0)(0) | i rogiam support | 15,000 |
| Laughlin, NV 89029 | ľ | | | |
| Foodbank of Northwest Indiana | N/A | 501(c)(3) | Program Support | 10,000 |
| 2248 W 35th Ave | 1 | 1 | " '' | 1 |
| Gary, IN 46408 | _ L | | | L |
| Second Wind Dreams | N/A | 501(c)(3) | Program Support | 75,000 |
| 1031 Cambridge Square, Suite G | 1 | ĺ | 1 1 | i |
| Alpharetta, GA 30004 | | | | L |
| The Smith Center | N/A | 501(c)(3) | Program Support | 10,000 |
| 361 Symphony Park Ave | 1 | | 1 1 | i |
| Las Vegas, NV 89106 | | Tour No. | | |
| Special Olympics Nevada | N/A | 501(c)(3) | Program Support | 10,000 |
| 5670 Wynn Road, Suite H | | 1 | 1: 1 | i |
| Las Vegas, NV 89118 | | F01/a/(0) | | 450.000 |
| Teach for America Las Vegas Valley 1785 East Sahara, Suite 460 | N/A | 501(c)(3) | Program Support | 150,000 |
| 1765 East Sanara, Suite 460 Las Vegas, NV 89104 | | 1 |] | l |
| Tahoe Coalition for the Homeless | N/A | 501(c)(3) | Event Support | 10.000 |
| 2941 Lake Tahoe Blvd | l'v^ | [501(c)(3) | счент эпрроп | 10,000 |
| S Lake Tahoe, CA 96150 | | | | ł |
| United Negro College Fund | NA NA | 501(c)(3) | Scholarships | 25,000 |
| 1805 7th Street NW | l'VA | 30 ((0)(3) | Scholarships | 25,000 |
| Washigton, DC 20001 | [| Į. | 1 1 | ł |
| Police Athletic League of Kansas City | N/A | 501(c)(3) | Program Support | 5,000 |
| 1801 White Ave | · · · · | 00.(0)(0) | i iogram oupport | 3,000 |
| Kansas City, MO 62126 | | [| | İ |
| YMCA of Southern Nevada | N/A | 501(c)(3) | Program Support | 10,000 |
| 4141 Meadows Lane | | 1-3-1-1-1-1 | , regram support | 1 |
| Las Vegas, NV 89107 | | [| | İ |
| MICAH House | N/A | 501(c)(3) | Program Support | 10,000 |
| 1415 Avenue J | 1 | 1, | , | |
| Council Bluffs, IA 51501 | _ | | | l |
| Muhammad Alı Center | N/A | 501(c)(3) | Event Support | 20,000 |
| 401 Main Street | | | i i | I |
| Louisville, KY 40202 | | | | <u></u> |
| Olive Crest | N/A | [501(c)(3) | Event Support | 10,000 |
| 4285 North Rancho Dr Ste 160 | | i | 1 1 | J |
| Las Vegas, NV 89130 | | | | |
| HELP of Southern Nevada | N/A | 501(c)(3) | Event Support | 10,000 |
| 1640 E Flamingo Rd #100 Las Vegas, NV 89119 | | | 1 1 | ļ |
| J Lewis Crozer Library | N/A | E01/a)/2) | | 10,000 |
| 620 Engle St | IN A | 501(c)(3) | Event Support | 10,000 |
| Chester, PA 19013 | | | 1 1 | 1 |
| Marine Toys for Tots Foundation | N/A | 501(c)(3) | Event Support | 5,000 |
| PO Box 1947 | 100 | 301(0)(0) | Event Support | 3,000 |
| Quantico, VA 22134 | , | (| l l | |
| Senior Services of Will County | N/A | 501(c)(3) | Event Support | 10,000 |
| 251 North Center St | 1 | 1-1-1-1 | | . 5,566 |
| Joliet IL 60435 | \ | 1 | 1 | i |
| Sci-Post Discovery Center | N/A | 501(c)(3) | Event Support | 15,000 |
| B20 Clyde Fant Parkway | 1 | 1 ''' | 1 | 1 |
| Shreverport, LA | | | | <u> </u> |
| The Salvation Army of Vineland | N/A | 501(c)(3) | Event Support | 10,000 |
| 440 West Nyack | | | " | I |
| West Nyack, NY 10994 | | | | <u></u> |
| United Way of River Cities | N/A | 501(c)(3) | Event Support | 5,000 |
| PO BOX 996 | 1 | | [] | ı |
| Lake Havasu City, AZ 86405 | | | | |
| Delaware County Literacy Council | N/A | 501(c)(3) | Event Support | 10,000 |
| 2217 Providence Ave | 1 | 1 | l i | ı |
| Chester, PA 19013 Atlantic County Special Services District | 1000 | 504/2/2 | | |
| Abantic County Special Services District 4805 Nawakwa Boulevard | N/A | 501(c)(3) | Event Support | 10,000 |
| 4805 Nawakwa Boulevaro Mays Landing, NJ 08330 | [| [| į i | 1 |
| Mays Landing, NJ 08330 American Cancer Society of South Jersey | N/A | 501(0)(2) | Program Current | B 000 |
| 1601 New Rd | l'ex | 501(c)(3) | Program Support | 8,000 |
| Linwood, NJ 08221 | Į. | l | | I |
| American Veterans Collection, Inc | N/A | N/A | N/A | (9,000) |
| Void - Funds Returned 05/27/15 | <u> </u> | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 1.50 | (3,000) |
| : | | ļ | | ł |

The Caesars Foundation FEIN 74-3050638 Attachment to Form 990-PF Page 10, Part XV, line 2b Giving Guidelines 12/31/2016

| 1 (| Gift must be given to a | a 501(c)(3) | not-for-profit organization | The following should be | provided |
|-----|-------------------------|-------------|-----------------------------|-------------------------|----------|
|-----|-------------------------|-------------|-----------------------------|-------------------------|----------|

| _ | A | requested. |
|---|---|------------|
| | | |
| | | |

- b Statement of proposed objective,
- Brief statement of history, goals, and accomplishments to date, С
- d Current annual report,
- е
- f.
- Internal Revenue Service tax exemption letter 501(c)(3),
 Current year's budget showing anticipated expenses and income,
 List of current corporate and foundation funding sources, public and/or private, with amounts g contributed within the most recent 12 months or last fiscal year,
- Most recent independently audited financial statement, h
- ١.
- List of members of applicant's governing board, List of accrediting agencies, where appropriate; and
- Cultural organizations should submit their most recent 12-month audience statistics

The Caesars Foundation FEIN 74-3050638 Attachment to Form 990-PF Page 6, Part VIII, line 1 List of officers, directors, trustees 12/31/2016

| (a) Name and address | (b) Title/ Hours per week | (c) Compensation | (d) Contributions to Employee Benefit Plans | (e) Expense acct, other allowances |
|---|---|-----------------------|---|------------------------------------|
| Jan Jones One Caesars Palace Drive, Las Vegas, NV 89109 | Trustee 2 hours per week | 0 | 0 | 0 |
| Scott Weigand One Caesars Palace Drive, Las Vegas, NV 89109 | Secretary 2 hours per week | 0 | 0 | 0 |
| Thomas M Jenkın One Caesars Palace Drive, Las Vegas, NV 89109 | Vice-Chairman/Trustee 2 hours per week | 0 | 0 | 0 |
| John Payne 8 Canal Street, New Orleans, LA 70130 | Trustee 2 hours per week | 0 | 0 | 0 |
| Leslie Parker One Caesars Palace Drive, Las Vegas, NV 89109 | Treasurer 2 hours per week | 0 | 0 | 0 |
| Christian Stuart One Caesars Palace Drive, Las Vegas, NV 89109 | Trustee 2 hours per week | 0 | 0 | 0 |
| Jacqueline Beato One Caesars Palace Drive, Las Vegas, NV 89109 | Trustee 2 hours per week | 0 | 0 | 0 |
| Daniel L Nita One Caesars Palace Drive, Las Vegas, NV 89109 | Trustee 2 hours per week | 0 | 0 | 0 |

The Caesars Foundation FEIN: 74-3050638 Attachment to Form 990-PF 12/31/2016

Form 990-PF, Part 1, page 1, question 16c Other professional fees

| Consulting | \$ | 80,678 |
|--|----------|--------|
| | <u> </u> | 80,678 |
| Form 990-PF, Part 1, page 1, question 23 Other expenses | | |
| Annual Report Fee | \$ | 50 |
| | | 50_ |