Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Open to Public Inspection ► Go to www.irs.gov/Form990PF for instructions and the latest information. Internal Revenue Service For calendar year 2018 or tax year beginning 2018, and ending A Employer identification number Name of foundation THE CAESARS FOUNDATION 74-3050638 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) ONE CAESARS PALACE DRIVE 702-407-6204 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here 89109 LAS VEGAS, NV G Check all that apply initial return of a former public charity Initial return 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 If private foundation status was terminated Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust under section 507(b)(1)(A), check here . J Accounting method | Cash X Accrual Fair market value of all assets at 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 . > 52,309.00 (Part I, column (d) must be on cash basis ) (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (c) Adjusted net for charitable (b) Net investment total of amounts in columns (b), (c), and (d) expenses per purposes income income may not necessarily equal the amounts in books (cash basis only) column (a) (see instructions)) 1,690,200.00 Contributions, gifts, grants, etc., received (attach schedule) . if the foundation is not required to attach Sch B. . . . . . . Interest on savings and temporary cash investments. Dividends and interest from securities . . . Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Revenue 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) 11 Other income (attach schedule) 1. 690,200.00 12 Total. Add lines 1 through 11 . . . . . 13 Compensation of officers, directors, trustees, etc. Expenses 14 Other employee salaries and wages . . . . . 15 Pension plans, employee benefits . . . . . . 16 a Legal fees (attach schedule) . . . . . . Accounting fees (attach schedule) . . . . . 36,365.00 Other-professional-fees-(attach-schedule) . . . C Interesto . RECEIVED. . . (attach schedule) (see instructions). Depresention (attach confeduration and confedion.) ĕ 21 and Printing and publications . U. 33,600.00 33,600.00 22 100.00 Operating 23 Other expenses (attach schedule) . . . . . 24 Total operating and administrative expenses. 33,600.00 70,065.00 Add lines 13 through 23. . . . . . . . . . . . . 1,786,500.00 1,786,500.00 25 Contributions, gifts, grants paid . . . . . . 1,820,100.00 Total expenses and disbursements Add lines 24 and 25 1,856,565.00 26 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements -166,365.00

**b** Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-). .

Part II		Attached schedules and amounts in the	Beginning of year	End o	End of year			
۲	art II	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value			
П	1	Cash - non-interest-bearing	218,674.00	52,309.00	52,309.00			
-		Savings and temporary cash investments						
		Less allowance for doubtful accounts ▶						
		Pledges receivable ▶						
ı		Less allowance for doubtful accounts ▶						
1		Grants receivable						
	_	Receivables due from officers, directors, trustees, and other						
		disqualified persons (attach schedule) (see instructions)						
ŀ	7	Other notes and loans receivable (attach schedule)						
		Less allowance for doubtful accounts ▶						
ध		Inventories for sale or use						
Assets		Prepaid expenses and deferred charges						
B		Investments - U S and state government obligations (attach schedule).						
		Investments - corporate stock (attach schedule)						
		Investments - corporate bonds (attach schedule)						
	11	Investments - land, buildings,						
		Less accumulated depreciation >						
		(attach schedule) Investments - mortgage loans						
		Investments - other (attach schedule)						
	14	Land, buildings, and						
		equipment basis Less accumulated depreciation (attach schedule)						
	15	Other assets (describe )						
		Total assets (to be completed by all filers - see the						
		instructions Also, see page 1, item I)		52,309.00	52,309.00			
╗		Accounts payable and accrued expenses			-1			
		Grants payable			1			
ဖွ	19	Deferred revenue						
≝	20	Loans from officers, directors, trustees, and other disqualified persons						
Liabilities	21	Mortgages and other notes payable (attach schedule)			, 1			
ڐ	22	Other liabilities (describe ▶)			1			
		· · · · · · · · · · · · · · · · · · ·			1			
	23	Total liabilities (add lines 17 through 22)			,			
		Foundations that follow SFAS 117, check here						
ë		and complete lines 24 through 26, and lines 30 and 31.						
Ĕ	24	Unrestricted						
펿	25	Temporarily restricted			,1			
	26	Permanently restricted						
Ĕ	24 25 26 27 28 29 30 31	Foundations that do not follow SFAS 117, check here ▶			}			
Ē		and complete lines 27 through 31.			•			
0	27	Capital stock, trust principal, or current funds	218,674.00	52,309.00				
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund						
SS	29	Retained earnings, accumulated income, endowment, or other funds		·	1			
χÀ	30	Total net assets or fund balances (see instructions)	218,674.00	52,309.00				
ž	31	Total liabilities and net assets/fund balances (see						
		instructions)	218,674.00	52,309.00	<u> </u>			
		Analysis of Changes in Net Assets or Fund Bala						
1		al net assets or fund balances at beginning of year - Part			210 674 00			
		of-year figure reported on prior year's return)			218,674.00			
		er amount from Part I, line 27a			-166,365.00			
		er increases not included in line 2 (itemize) ▶			FO 200 00			
		lines 1, 2, and 3			52,309.00			
5	Dec	reases not included in line 2 (itemize) ▶	16) 5 (1)	5_	E2 200 00			
<u>6</u>	Tota	al net assets or fund balances at end of year (line 4 minus	s line 5) - Part II, column (	b), line 30 6	52,309.00 Form <b>990-PF</b> (2018)			
					Form 330-FF (2018)			

	20011 (2010)	····				rage
Pa	···	and Losses for Tax on In		/b\:/	,	
	(a) List and de	(b) How acquired	(c) Date acquired	(d) Date sold		
	2-story b	prick warehouse, or common stock, 20	00 shs MLC Co)	P - Purchase D - Donation	(mo , day, yr )	(mo , day, yr )
1 a						
b						
d						
e	<del></del>			T		
Ť		(f) Depreciation allowed	(g) Cost or other basis	<u> </u>	(h) Gorn or (lo	50)
	(e) Gross sales price	plus expense of sale		(h) Gain or (lo ((e) plus (f) mini		
—		(or allowable)		+	(1-)   (1)	13//
<u>a</u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<u> </u>		
<u>b</u>						
<u>c</u>						
d						
e						
	Complete only for assets s	showing gain in column (h) and owne	ed by the foundation on 12/31/69	//\	Gains (Col (h) g	ain minue
_		(j) Adjusted basis	(k) Excess of col (i)		(k), but not less t	
	(i) FMV as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	
					<del></del>	<del></del>
a			<del>                                     </del>	<del> </del>		
<u>b</u>				<del> </del>		
<u>c</u>				<b></b>		
d				ļ		<u></u>
<u>e</u>		<u></u>				
	04-1	( If	gain, also enter in Part I, line 7	1		
2	Capital gain net income	f or (net capital loss)	(loss), enter -0- in Part I, line 7	2		
3	Net short-term capital of	gain or (loss) as defined in section	ns 1222(5) and (6)			
	· · · ·		nstructions If (loss), enter -0- in $oldsymbol{1}$	1 1		
	-	• • • • • • • • • • • • • • • • • • • •		2		
Pai	ty Qualification	Under Section 4940(a) for B	educed Tax on Net Investment I	ncomo		
					<del></del>	
(For	optional use by domesti	c private foundations subject to t	the section 4940(a) tax on net invest	ment inco	me)	
If se	ction 4940(d)(2) applies,	leave this part blank				
	o					
\/\/ae	the foundation liable for	the section 4942 tax on the dist	ributable amount of any year in the b	asa nario	42	Yes No
		n't qualify under section 4940(e)		ase peno	ــــ	] 163 140
	<del></del>	<del></del>				
1_		mount in each column for each y	year, see the instructions before mak	ing any er		
	(a) Base penod years	(b)	(c)		(d) Distribution ra	itio
Cale	endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets	1_	(col (b) divided by	
	2017					
	2016			<del>                                     </del>		<del></del>
	2015	<del></del>		<del>                                     </del>		
		<del></del>	<del></del>	ļ		
	2014					<del> </del>
	2013	<u> </u>	<u> </u>	ļ		
2	Total of line 1, column (	(d)		2		
3			vide the total on line 2 by 5 0, or by			
•	——————————————————————————————————————	•	e if less than 5 years	3		
	the number of years the	Houndation has been in existenc	e il less than 5 years	<del></del>		
_					4.7	: 6 250 50
4	Enter the net value of n	oncharitable-use assets for 2018	B from Part X, line 5	4	4	56,350.50
5	Multiply line 4 by line 3			5		
6	Enter 10/ of not investor	ant income (10/ of Bort Line 27)	b)	6		
6	Enter 1% of net investm	rent income (1% or Part I, line 2/I	b)	<b> </b>		
_				_		
7	Add lines 5 and 6			7		
8	Enter qualifying distribu	tions from Part XII, line 4		8		20,100.00
	If line 8 is equal to or g	greater than line 7, check the bo	ox in Part VI, line 1b, and complete	that part	using a 1% tax	k rate. See the
	Part VI instructions					

Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see it	nstru	ction	s)				
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			1				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J		<del>-</del>					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)							
3	Add lines 1 and 2							
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)							
5	Tax based on Investment income. Subtract line 4 from line 3 If zero or less, enter -0							
6	Credits/Payments '			1				
а	2018 estimated tax payments and 2017 overpayment credited to 2018   6a			į				
b	Exempt foreign organizations - tax withheld at source							
C	Tax paid with application for extension of time to file (Form 8868)			į				
d	Backup withholding erroneously withheld		. <u> </u>	لـــ				
7	Total credits and payments Add lines 6a through 6d							
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8			<del></del>				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed							
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid							
11 120	Enter the amount of line 10 to be Credited to 2019 estimated tax   Refunded   11			<del></del>				
	t VII-A Statements Regarding Activities		Vac	No				
та	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No X				
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	14		<u> </u>				
U	instructions for the definition	16		×				
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials							
	published or distributed by the foundation in connection with the activities		•					
С	Did the foundation file Form 1120-POL for this year?	1c		X				
d	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 > \$		~ - · <del>-</del> -	'				
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	•		İ				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			1				
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X				
_ b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?							
6	If "Yes," attach the statement required by General Instruction T  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	.		<b> </b>				
U	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no mandatory directions that							
	conflict with the state law remain in the governing instrument?	6		X				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х					
	Enter the states to which the foundation reports or with which it is registered. See instructions NEVADA							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General							
_	(or designate) of each state as required by General Instruction G <sup>2</sup> If "No," attach explanation	8b	X					
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or							
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"							
	complete Part XIV	9		<u>x</u> -				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their							
	names and addresses	10	0.5-	X				
	p.	aa/	∩-PF	20401				

Par	t VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
• •	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
12	person had advisory privileges? If "Yes," attach statement See instructions	12		Х
40		13	Х	<del>  ^</del>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		^_	<u> </u>
	Website address   702-407-	6204		
14	The books are in care of ► KELLEY MAGDALUYO  Telephone no ► 702-407-	0204		
4-	Located at ► ONE CAESARS PALACE DRIVE, LAS VEGAS, NV ZIP+4 ► 89109			1 1
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	• • •		· L
	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		163	
	over a bank, securities, or other financial account in a foreign country?			X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
Da	the foreign country	1	-	
Fal	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<del></del>	163	1
па	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			
		1		-
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	'		
	(c) and good of the control of the c			
	(1,11)		. • '	
	(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)?		'	۰
	· · · · · · · · · · · · · · · · · · ·	.,.		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		-	
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			. 1
	, , , , , , , , , , , , , , , , , , , ,	· .		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	41		J
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		<del>                                     </del>
	Organizations relying on a current notice regarding disaster assistance, check here		٠,	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		<u> </u>	<del></del>
	were not corrected before the first day of the tax year beginning in 2018?	1c		X,
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1		*
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			- 1
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			3
	6e, Part XIII) for tax year(s) beginning before 2018?			
	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)			1
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	<u>~</u>		
	all years listed, answer "No" and attach statement - see instructions )	<u>2b</u>		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	ľ		
	·			1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	١.		
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2018 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	1.		
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	-		<b>┈</b> ┙
	foundation had excess business holdings in 2018 )	3b_		<del></del>
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	<u></u>	<u> </u>	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		<u> </u>

Par	t VII-B Statements Regarding Activi	ties for Which Form	4720 May Be Red	uired (conti	nued)			
5a .	During the year, did the foundation pay or incur ar	ny amount to					Yes	No
	(1) Carry on propaganda, or otherwise attempt to	influence legislation (section	on 4945(e))?	. Yes	X No			]
	(2) Influence the outcome of any specific publi	ic election (see section	4955), or to carry or	n,		13.	_	]
	directly or indirectly, any voter registration drive	e <sup>?</sup>		. Yes	X No	ļ		
	(3) Provide a grant to an individual for travel, stud				X No			
	(4) Provide a grant to an organization other th	ian a charitable, etc., org	anization described i	in	_	'	,	1
	section 4945(d)(4)(A)? See instructions	· · · · · · · · · · · · · · · · · · ·			X No			; [
	(5) Provide for any purpose other than religiou				_		,	;
	purposes, or for the prevention of cruelty to ch		-		X No	1		
b	If any answer is "Yes" to 5a(1)-(5), did any o				cribed in			
	Regulations section 53 4945 or in a current notice					5 b		
	Organizations relying on a current notice regarding	g disaster assistance, check	here				•	
С	If the answer is "Yes" to question 5a(4), does	=				-		1
	because it maintained expenditure responsibility for				No			.,
	If "Yes," attach the statement required by Regulat					'	,	
6a	Did the foundation, during the year, receive ar	, ,	ectly to hav oremus	me		ļ.,		
-	on a personal benefit contract?	•		Yes	No	1		İ
b	Did the foundation, during the year, pay premium					6b		X
-	If "Yes" to 6b, file Form 8870	o, amount of manoony, on c	porconal borroni contin			"		
7a	At any time during the tax year, was the foundation	on a party to a prohibited ta	x shelter transaction?	Yes	X No	.		l. 1
b	If "Yes," did the foundation receive any proceeds				_	7b		
8	Is the foundation subject to the section 4960 tax	•				· · ·		1
•	remuneration or excess parachute payment(s) durin	• • • • • •		. Yes	X No			
Par	Information About Officers, Dir	ectors, Trustees, Fou	ındation Manager	s, Highly Pa		ees,		<u>·</u>
	and Contractors List all officers, directors, trustees, and fou		· - · · <u>- · · · · · · · · · · · · · · ·</u>					
		(b) Title, and average	(c) Compensation	(d) Contribute	ons to	) Expens	e accoi	ınt
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred com	intprairis ( · )	other all		
SEE	ATTACHED							
		-						
-								
			_					
	Compensation of five highest-paid employ	yees (other than thos	se included on lin	e 1 - see ii	nstructions)	. If n	one,	enter
	"NONE."	(b) Talle and average		(d) Contributi	ons to			
(a)	Name and address of each employee paid more than \$50,	(b) Title, and average hours per week	(c) Compensation	employee b	enefit   (e	) Expens	e accou	unt, es
		devoted to position		compensa				
NONE	E				ł			
				<u> </u>				
						-		
				<u></u>				
Total	number of other employees paid over \$50,00	00	<u> </u>		▶	- 000		

3 Five higher	d Contractors (continued) st-paid independent contractors for professional services. See instructions. If none, enter "NONI	
5 Tive highe	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
tal number of	others receiving over \$50,000 for professional services	
	ummary of Direct Charitable Activities	
	n's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Expenses
organizations and	other beneficianes served, conferences convened, research papers produced, etc	Lapenses
1 The Found	ation generally does not engage in any direct charitable	
activitie	s. Rather, it uses its funds to provide financial assistance	
to charit	ies chosen by its directors.	
2		
3		!
		1
4		
art IX-B S	ummary of Program-Related Investments (see instructions)	<del>,</del>
	argest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 <u>NA</u>		
2		
	related investments. See instructions	
All other program		1
All other program 3 N/A		

Form **990-PF** (2018)

5			1 .
Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign four	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	- T	<del></del>
•	purposes		
а	Average monthly fair market value of securities	1a	463,300.00
	Average of monthly cash balances	1b	· · · · · · · · · · · · · · · · · · ·
С		1c	
d		1d	463,300.00
е			<del></del>
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	463,300.00
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	6,949.50
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	456,350.50
6	Minimum investment return. Enter 5% of line 5	6	22,817.53
Par	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four	ndations	
	and certain foreign organizations, check here ▶ and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	22,817.53
2 a	Tax on investment income for 2018 from Part VI, line 5 2a		
b			
c	Add lines 2a and 2b,	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	22,817.53
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	22,817.53
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	22,817.53
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		1 000 100 00
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		1,820,100.00
p		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	- 1	
a	·	3a	
	Cash distribution test (attach the required schedule)	3b	1 000 100 00
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,820,100.00
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	1 020 100 00
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,820,100.00
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	uculating	whether the foundation
_	qualifies for the section 4940(e) reduction of tax in those years		

Par	t XIII Undistributed Income (see instr	uctions)			
		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
	Distributable amount for 2018 from Part XI,		- 100-10 pints to 2011		<del></del>
	ine 7				22,817.53
	Undistributed income, if any, as of the end of 2018				1
	Enter amount for 2017 only	<del></del>	-		
	Total for pnor years 20,20,20				<u> </u>
	Excess distributions carryover, if any, to 2018				
	From 2013				,
	From 2014				i
	From 2015				
	From 2016				Ì
	From 2017		-		
	Total of lines 3a through e				<del></del> ,
	Qualifying distributions for 2018 from Part XII,				į
	line 4 ▶ \$ 1,820,100.00				
	Applied to 2017, but not more than line 2a				
	Applied to undistributed income of prior years (Election required - see instructions)			· · · · · · · · · · · · · · · · · · ·	
	Treated as distributions out of corpus (Election				
	required - see instructions)		ļ		
d.	Applied to 2018 distributable amount			- ···· · · · · · · · · · · · · · · · ·	
	Remaining amount distributed out of corpus			<del></del>	
	Excess distributions carryover applied to 2018 (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				<u> </u>
ь	Prior years' undistributed income Subtract				
	line 4b from line 2b				
	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions			<del></del> -	1
	Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount - see				•
	instructions				
f	Undistributed income for 2018 Subtract lines				
	4d and 5 from line 1. This amount must be				22 017 52
	distributed in 2019	· · · · · · · · · · · · · · · · · · ·	1		22,817.53
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)				<del> </del>
	Excess distributions carryover from 2013 not				
	applied on line 5 or line 7 (see instructions)				
	Excess distributions carryover to 2019.				
	Subtract lines 7 and 8 from line 6a				<del>                                     </del>
	Analysis of line 9				-
	Excess from 2014 Excess from 2015				
	Excess from 2016				
	Excess from 2017 Excess from 2018				
e	EXCESS HUIII ZUTO				Form 990-PF (2018)

Form 990-PF (2018)

JSA 8E1490 1 000

Form 990-PF (2018)				Page 11
Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	ring the Year or App	roved for	Future Payment	<del></del>
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
SEE ATTACHED				
	İ			
			]	
			•	
			1	
			1	
			1	
			1	
Total			▶ 3a	
<b>b</b> Approved for future payment				
N/A				
		İ		
		İ		
	1			
	<u> </u>			
Total	<u></u>	<u></u>	▶ 3b	
JSA				Form <b>990-PF</b> (2018

Part XVI	A Analysis of Income-Production	ucing Act	ivities			
	amounts unless otherwise indicated		ated business income (b)	Excluded by	y section 512, 513, or 514 (d)	(e) Related or exempt function income
•	service revenue	Business code	Amount	Exclusion code		(See instructions)
	<del></del>					<del></del>
				<del></del>		
					<del> </del>	
				<del> </del>	<del>                                     </del>	<del></del>
f	and contracts from government agencies				<del>                                     </del>	<del></del>
_	ship dues and assessments					
3 Interest o	n savings and temporary cash investments -					
4 Dividend	Is and interest from securities					·
5 Net rent	al income or (loss) from real estate	<del></del>	· · · · · · · · · · · · · · · · · · ·			<del></del>
a Debt	-financed property					·
<b>b</b> Not d	lebt-financed property			<u> </u>		<del></del>
6 Net renta	I income or (loss) from personal property					
7 Other in	vestment income					<del></del>
8 Gain or (I	oss) from sales of assets other than inventory			ļ		
9 Net inco	me or (loss) from special events			<del></del>		
	rofit or (loss) from sales of inventory			ļ		
11 Other re	venue a			ļ		
b						
c		<u> </u>		<del> </del>		
d						
e						- <del></del>
	Add columns (b), (d), and (e)		<u> </u>		<u> </u>	·· <del></del> .
	dd line 12, columns (b), (d), and (e)				13	
	neet in line 13 instructions to verify calcu		11.1		<del></del>	
Part XVI-	B Relationship of Activities	s to the A	ccomplishment of E	xempt Pur	poses	· · · · · · · · · · · · · · · · · · ·
Line No.	Explain below how each activity	y for whicl	n income is reported i	n column (e	e) of Part XVI-A contribu	ated importantly to the
▼	accomplishment of the foundation	on's exemp	t purposes (other than	by providing	g funds for such purposes	s) (See instructions)
<del></del>				<del> </del>		<del></del>
				<del></del>		<del></del>
						<del></del>
-			<del></del>			
-	·				<del></del>	<del></del>
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-						
				<del></del>	<del></del>	
		<del> </del>			<u> </u>	

orm 9	90-PF	(2018)							Pa	ge 13
Part	XVII	Information R Exempt Organ		sfers to and Transa	ctions and	Relationships	With None	chari	table	!
1	Did th	e organization direct	ly or indirectly er	ngage in any of the follow	ing with any	y other organizati	on described		Yes	No
			than section 5	01(c)(3) organizations)	or in section	on 527, relating	to political			' ا
	-	izations?								
			-	noncharitable exempt org						4
								1a(1)		Х
	(2) 01	her assets						1a(2)		Х
		transactions						-	-	
				ot organization						X
				e exempt organization						Х
		•	•	ssets						X
		-								X
										X
				or fundraising solicitations						X
		=	_	other assets, or paid emp						X
		•		" complete the following		• •	•			
				es given by the reporting ment, show in column (d						
(a) Lir		(b) Amount involved	1	ncharitable exempt organization	<del></del>	cription of transfers, tra				
(0) [	10 110	(b) Amount myored	(c) Name of nor	ichantable exempt organization	(u) Desc	inplion of transfers, tra	isactions, and sna	iiig ana	ingenie	
							<del> </del>			
				· · · · · · · · · · · · · · · · · · ·	<del></del>					
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-										
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				·						
						,				
,	descr	ibed in section 501(c)	(other than secti	ated with, or related to, on 501(c)(3)) or in section			r		es 🗀	] No
<u>D</u>	11 16	s," complete the follow (a) Name of organization	ľ	(b) Type of organization		(c) Des	cription of relations	ship		
-		(a) Italie of organization	'	(b) Type of organization		(0) Des	STIPRIOTI OF TELERIOTIS			
				-						
-					<del>  </del>					
			-							
					<del></del>	•				
				this return, including accompanyin			est of my knowleds	ge and t	elief, it	is true
2i~~		ect, and complete Declaration of	oreparer (other than taxp	payer) is based on all information of wh		-				
Sign		MI)W		11/14/ 17	1) rew	var	May the IRS			return below?
Here	Sig	prature of officer or trustee		Date	Title		See instruction		Yes	No
	1	//								=
<b></b>		Print/Type preparer's na	me	Preparer's signature		Date	Check If	PTIN		
Paid							self-employed			

Form **990-PF** (2018)

Firm's EIN

Phone no

Paid Preparer

**Use Only** 

Firm's name

Firm's address

## 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. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2018

Employer identification number Name of the organization 74-3050638 THE CAESARS FOUNDATION Organization type (check one) Section: Filers of: 501(c)( Form 990 or 990-EZ ) (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 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! and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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)

Name of organization
THE CAESARS FOUNDATION

Employer identification number 74-3050638

Part I	Contributors (see instructions)	Use duplicate copies of Part	I if additional space is needed
--------	---------------------------------	------------------------------	---------------------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	CAESARS ENTERPRISE SERVICES LLC  ONE CAESARS PALACE DRIVE  LAS VEGAS NV 89109	\$1,690,200.00	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
THE CAESARS FOUNDATION

Employer identification number

74-3050638

## 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
1	PLEDGES RECEIVABLE (VARIOUS DATES)		
		\$ 1,690,200.00	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<b>\$</b>	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<b>\$</b>	
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

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Employer identification number Name of organization 74-3050638 THE CAESARS FOUNDATION 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 (a) No. (d) Description of how aift is held (c) Use of gift from (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (c) Use of gift (d) Description of how gift is held from (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held (b) Purpose of gift (c) Use of gift from Part i (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

The Caesars Foundation FEIN: 74-3050638 Attachment to Form 990-PF 12/31/2018

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

Consulting	\$	36,365
•	\$	36,365
	<del></del>	
Form 990-PF, Part 1, page 1, question 23 Other expenses		
Licenses and Fees	\$	100
	\$	100

The Caesars Foundation FEIN 74-3050638 Attachment to Form 990-PF Page 6, Part VIII, line 1 List of officers, directors, trustees 12/31/2018

(a) Name and address	(b) Title/ Hours per week	( c ) Compensation	(d) Contributions to Employee Benefit Plans	(e) Expense acct, other allowances
Jan Jones Blackhurst One Caesars Palace Drive, Las Vegas, NV 89109	Chairman 2 hours per week	0	0	0
Thomas M Jenkin One Caesars Palace Drive, Las Vegas, NV 89109	Co-Chairman 2 hours per week	0	0	0
Renee Becker One Caesars Palace Drive, Las Vegas, NV 89109	Trustee 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
Erın Chamberlin One Caesars Palace Drive, Las Vegas, NV 89109	Trustee 2 hours per week	0	0	0
Dan Nita One Caesars Palace Drive, Las Vegas, NV 89109	Trustee 2 hours per week	0	0	0
Michael Gruber One Caesars Palace Drive, Las Vegas, NV 89109	Trustee 2 hours per week	0	0	0
Jonathan Jones One Caesars Palace Drive, Las Vegas, NV 89109	Trustee 2 hours per week	0	0	0
Samantha Hithe Washington One Caesars Palace Drive, Las Vegas, NV 89109	Trustee 2 hours per week	0	0	0
Carolyn Wheeler One Caesars Palace Drive, Las Vegas, NV 89109	Director 2 hours per week	0	0	0
Pooja Maheshwari One Caesars Palace Drive, Las Vegas, NV 89109	Treasurer 2 hours per week	0	o	0
John Conrad One Caesars Palace Drive, Las Vegas, NV 89109	Treasurer 2 hours per week	0	0	0
Cherece Vina One Caesars Palace Drive, Las Vegas, NV 89109	Secretary 2 hours per week	0	0	0
Kelley Magdaluyo One Caesars Palace Drive, Las Vegas, NV 89109	Administrator 2 hours per week	0	0	0

The Caesars Foundation FEIN 74-3050638 Attachment to Form 990-PF Page 10, Part XV, line 2b Giving Guidelines 12/31/2018

- 1 Gift must be given to a 501(c)(3) not-for-profit organization. The following should be provided
  - a Amount requested,
  - b Statement of proposed objective,
  - c Brief statement of history, goals, and accomplishments to date,
  - d Current annual report,
  - e Internal Revenue Service tax exemption letter 501(c)(3),
  - f Current year's budget showing anticipated expenses and income,
  - g List of current corporate and foundation funding sources, public and/or private, with amounts contributed within the most recent 12 months or last fiscal year,
  - h Most recent independently audited financial statement,
  - List of members of applicant's governing board,
  - List of accrediting agencies, where appropriate, and
  - k Cultural organizations should submit their most recent 12-month audience statistics

The Caesars Foundation FEIN· 74-3050638 Attachment to Form 990-PF Page 11, Part XV, Line 3a Grants and Contributions Paid 2018

	If recipient is an individual, show any relationship to	Foundation		
Recipient	any foundation manager	status of	Purpose of Grant or	
Name and address (home or business)	or substantial contributor	receipient	Contribution	Amount
Adelaide's Place	N/A	501(c)(3)	Program Support	15,000
2416 Arctic Avenue				
Atlantic City, NJ 08401	110	504(-)(2)	Brown County	45.000
American Cancer Society - Making Strides Against Breast Cancer 250 Williams Street NW	N/A	501(c)(3)	Program Support	15,000
Atlanta, GA 30303			i i	
American Cancer Society	N/A	501(c)(3)	Program Support	10,000
250 Williams Street NW	<del>-</del>  ''''	, (o)(o)	i i i i i i i i i i i i i i i i i i i	,
Atlanta, GA 30303			_	
Arroyo Trails - People for Channahon Parks Foundation	N/A	501(c)(3)	Program Support	10,000
24856 West Earnes Street			1	
Channahon, IL 60410				
Best Buddles Nevada	N/A	501(c)(3)	Program Support	50,000
500 North Rainbow, Suite 314	1		1 1	
Las Vegas, NV 89107  Bossier Conucil on Aging	N/A	501(c)(3)	Program Support	1,500
706 Bearkat Drive		301(0)(3)	Piogram Support	1,500
Bossier City, LA 71111			!	
Boys & Girls Club of Chester	, N/A	501(c)(3)	Program Support	10,000
201 E 7th Street	<del></del>		l segrem seppen	,
Chester, PA 19013				
Boys & Girls Club of Nevada	N/A	501(c)(3)	Program Support	5,000
2850 Lindell Road			1	
Las Vegas, NV 89146				
Boys & Girls Club of South Mississippi	N/A	501(c)(3)	Program Support	10,000
201 Holly Circle				
Gulfport, MS 39501 Cassidy's Cause	N/A	501(c)(3)	Program Support	3,000
6075 Clinton Road	- NA	301(0)(3)	Piogram Support	3,000
Paducah, KY 42001	1			
City Team	N/A	501(c)(3)	Program Support	20,000
634 Sproul Street		,,,,,		,
Chester, PA 19013			_	
Clean The World Foundation	N/A	501(c)(3)	Program Support	125,000
8026 Sunport Drive, Suite 306	1			
Orlando, FL 32809	1,,,,	504(-)(0)		100.000
Cleveland Clinic Lou Ruvo  888 West Bonneville Avenue	N/A	501(c)(3)	Program Support	100,000
Las Vegas, NV 89106			l t	
Cooper Red Hot Gala	N/A	501(c)(3)	Event Support	15,000
3 Cooper Plaza, Suite 500		00 1(0)(0)	2 to the obspace	.0,000
Camden, NJ 08103			1	
Crisis Center	N/A	501(c)(3)	Program Support	5,000
101 North Montgomery Street		}	1 1	
Gary, IN 46403		ļ <u></u>		
Gingerbread House	N/A	501(c)(3)	Program Support	20,000
1700 Buckner Square, Sulte 101			1	
Shreveport, LA 71101	AVA	E01(a)(2)	Description Current	E 000
Girl Scouts of the Slerra Nevada 605 Washington Street	N/A	501(c)(3)	Program Support	5,000
Reno, NV 89503	l			
Giving the Basics	N/A	501(c)(3)	Program Support	5,000
3150 Mercler, Suite 270-D2	<del>~</del>  ````	10/10/	. 10g.s 90kpon	0,000
Kansas City, MO 64111	1			
Guardian Family Services	N/A	501(c)(3)	Program Support	5,000
Guardian Family Services 117 West 10th St	N/A	501(c)(3)	Program Support	5,000
117 West 10th St Metropolis, IL 62960				
117 West 10th St Metropolls, IL 62960 Happy Bottoms	N/A	501(c)(3) 501(c)(3)	Program Support  Program Support	5,000
117 West 10th St Metropolls, IL 62960 Happy Bottoms . 303 W 79th Street				
117 West 10th St Metropolls, IL 62960 Happy Bottoms . 303 W 79th Street Kansas City, MO 64114	·_ N/A	501(c)(3)	Program Support	10,000
117 West 10th St Metropolls, IL 62960 Happy Bottoms . 303 W 79th Street Kansas City, MO 64114 Heartland Family Services				
117 West 10th St Metropolls, IL 62960 Happy Bottoms . 303 W 79th Street Kansas City, MO 64114 Heardland Family Services 1515 Avenue J	·_ N/A	501(c)(3)	Program Support	10,000
117 West 10th St Metropolls, IL 62960 Happy Bottoms 303 W 79th Street Kansas City, MO 64114 Heartland Family Services 1515 Avenue J Council Bluffs, IA 51501	·_ N/A	501(c)(3) 501(c)(3)	Program Support  Program Support	10,000
117 West 10th St Metropolls, IL 62960 Happy Bottoms 303 W 79th Street Kansas City, MO 64114 Heartland Family Services 1515 Avenue J Council Bluffs, IA 51501 Hug High School	·_ N/A	501(c)(3)	Program Support	10,000
117 West 10th St Metropolls, IL 62960 Happy Bottoms 303 W 79th Street Kansas City, MO 64114 Heartland Family Services 1515 Avenue J Council Bluffs, IA 51501 Hug High School 2880 Surtro Street	·_ N/A	501(c)(3) 501(c)(3)	Program Support  Program Support	10,000
117 West 10th St Metropolls, IL 62960 Happy Bottoms . 303 W 79th Street Kansas City, MO 64114 Heartland Family Services 1515 Avenue J Council Bluffs, IA 51501 Hug High School	·_ N/A	501(c)(3) 501(c)(3) 501(c)(3)	Program Support  Program Support	10,000
117 West 10th St Metropolls, IL 62960 Happy Bottoms 303 W 79th Street Kansas City, MO 64114 Heartland Family Services 1515 Avenue J Council Bluffs, IA 51501 Hug High School 2880 Surtro Street Reno, NV 89512	N/A N/A	501(c)(3) 501(c)(3)	Program Support  Program Support  Program Support	10,000

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of receipient	Purpose of Grant or Contribution	Amount
Joliet Area Historical Museum	N/A	501(c)(3)	Program Support	10,000
204 Ottawa Street		1	ĺ	
Joliet, IL 60432 Legal Ald Center	N/A	501(c)(3)	Program Support	125,000
725 E Charleston Boulevard	- \"^	301(0)(3)	riogram Support	123,000
Las Vegas, NV 89104				
Massac County Drug Awareness Coalition	N/A	501(c)(3)	Program Support	5,000
PO Box 801		İ	1	
Metropolis, IL 62960		5044-1401		
Massac County Mental Health	- N/A	501(c)(3)	Program Support	3,000
Metropolis, IL 62960				
Meadows Discovery Center	N/A	501(c)(3)	Program Support	10,000
246 Dolan Avenue		1	' '	
Gulfport, MS 39507				
Meals on Wheels Association of America	N/A	501(c)(3)	Program Support	125,000
203 South Union Street			.	
Alexandria, VA 22314 Muhammad Ali Center	N/A	501(c)(3)	Event Support	20,000
144 North Sixth Street	- 11/1/	30 1(0)(3)	L vent Support	20,000
Louisville, KY 40202		<u> </u>		
National Center for Responsible Gaming	N/A	501(c)(3)	Event Support	50,000
900 Cummings Center, Suite 321-U				
Beverly, MA 01915	AVA	504(-)(0)	2	10.000
National Civil Rights Museum 450 Mulberry St	N/A	501(c)(3)	Program Support	40,000
Memphis, TN 38103				
National Park Trust	N/A	501(c)(3)	Event Support	60,000
401 E Jefferson St , Suite 102	<b>1</b>	, N-7		
Rockville, MD 20850		ļ <u></u>		
NW Louisiana Food Bank	_N/A	501(c)(3)	Program Support	10,000
2307 Texas Avenue				
Shreveport, LA 71103 Olive Crest	N/A	501(c)(3)	Event Support	10,000
4285 North Rancho Dr Ste 160	- 1000	30 1(0)(0)	Event oupport	10,000
Las Vegas, NV 89130				
Opportunity Village	N/A	501(c)(3)	Event Support	25,000
6300 W Oakey Blvd		1		
Las Vegas, NV 89146  Police Athletic League of Kansas City	N/A	501(c)(3)	Program Support	10,000
1801 White Avenue	- \"^	501(0)(3)	Program Support	10,000
Kansas City, MO 64126				
Pottawattamie Arts, Culture & Ent	N/A	501(c)(3)	Program Support	15,000
1228 South Main Street, Suite 115				
Council Bluffs, IA 51503	1,,,,	504(2)(2)	Danier Out of	
Priests of the Sacred Heart Inc	_ N/A	501(c)(3)	Program Support	5,000
Walls, MS 38680			1	
Public Education Foundation	N/A	501(c)(3)	Program Support	200,000
3360 W Sahara Avenue, Suite 160	7	1		
Las Vegas, NV 89102		<del></del>		
Public Education Foundation - William Bennett ES Playground	_N/A	501(c)(3)	Program Support	5,000
3360 W Sahara Avenue, Suite 160 Las Vegas, NV 89102				
Relay for Life (ACA) of Maricopa	N/A	501(c)(3)	Program Support	5,000
250 Williams Street NW	- 1	30.(0)(0)	i rogium coppon	0,000
Atlanta, GA 30303				
Relay for Life (ACA) of South Valley, NV,	N/A	501(c)(3)	Program Support	5,000
6165 S Rainbow Blvd				
Las Vegas, NV 89118 Relay for Life (ACA) of Valley Center, CA	N/A	501(c)(3)	Program Support	5,000
Relay for Life (ACA) of Valley Center, CA 5333 Mission Center Road, Ste 105	- IN/A	301(0)(3)	Program Support	5,000
San Diego, CA 92108				
River Fund	N/A	501(c)(3)	Program Support	30,000
55 Civic Way				
Laughlin, NV 89029		504(-)(2)		40.000
Riverfront Alliance of Delaware County PO Box 782	N/A	501(c)(3)	Program Support	10,000
TU DUX 104				
		5044 1/61	Program Support	4,000
Chester, PA 19016	N/A	1501(C)(3)	TEIQQIAIII GUUUUIII	
	N/A	501(c)(3)	Flogram Support	,,,,,,
Chester, PA 19016 Rotary District 6510 Chanties	, N/A		Flogram Support	
Chester, PA 19016 Rotary District 6510 Chanties 1200 Samantha Drive	N/A N/A	501(c)(3)	Program Support	155,000

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of Grant or	
Name and address (home or business)	or substantial contributor	receiplent	Contribution	Amount
Son of a Saint	N/A	501(c)(3)	Event Support	30,000
2803 St Philip St				
New Orleans, LA 70119		<u> </u>		
Tahoe Coalition for the Homeless	N/A	501(c)(3)	Event Support	10,000
2941 Lake Tahoe Blvd				i
S Lake Tahoe, CA 96150				
Tahoe RIm Trail Association	N/A	501(c)(3)	Program Support	10,000
128 Market Street, Suite 3E	ľ			
Stateline, NV 89449		L		_
The Hub Ministry	N/A	501(c)(3)	Program Support	10,000
4110 Youree Drive		ł		
Shreveport, LA 71105				
Touro University	N/A	501(c)(3)	Program Support	50,000
874 American Pacific Drive		1	i	
Henderson, NV 89014	L	1		
UNCF Masquerade Ball (NOLA)	N/A	501(c)(3)	Event Support	25,000
1100 Poydras Street, Energy Center Suite 1400				ľ
New Orleans, LA 70163				
UNLV Yes Program	N/A	501(c)(3)	Program Support	50,000
4505 S Maryland Parkway	1			
Las Vegas, NV 89154				
WEBNC South	N/A	501(c)(3)	Program Support	100,000
2800 Veterans Memonal Boulevard, Suite 180	]			
Metairle, LA 70002				
Will County Habitat for Humanity	N/A	501(c)(3)	Program Support	25,000
1395 N Larkin Avenue	]			
Joliet, IL 60435				
YMCA Hammond County	N/A	501(c)(3)	Program Support	20,000
7322 Southeastern Avenue	]			
Hammond, IN 46324				
· · · · · · · · · · · · · · · · · · ·			Total Payments	1,786,500

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