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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. 910 Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

		alendar year 2019	or tax year begin	nıng				, 2019,	and en	aing				20
3 ;		of foundation								ľ	A Emp	loyer identi	fication number	
70707 70707	THE	CAESARS FOUL	NDATION								74-3050638			
	umbe	r and street (or PO box	number if mail is not de	elivered to st	reet add	dress)			Room/su	ıte	B Telep	phone num	per (see instruction	s)
4														
	ONE	CAESARS PALA	CE DRIVE								70	2-880-	4792	
	ity or i	town, state or province,	country, and ZIP or fore	ign postal co	ode									
												mption applic		
E	LAS	VEGAS, NV 8	39109								penal	ng, check her	e	
TARKE		eck all that apply	Initial return	······································		Initial return	of a f	former p	ublic ch	arıtv	D 4 5			
達		,	Final return			Amended re							ations, check here ations meeting the	
3			Address cha	ange		Name chang					859	% test, check	here and attach	\sim
	Che	eck type of organiz			(3) ex			lation	<u> </u>	$\overline{}$	cor	nputation .		
	\neg	Section 4947(a)(1) no			_	her taxable p			un U'	۱ ۲	•		n status was terminat	- I I
1		r market value of					ash	Acc					o)(1)(A), check here .	
•		d of year (from Par		_	er (spe		ا ۱۱۵۵۰		iuai				s in a 60-month termin	
		i ► \$	464,124.00				oob be	2010)			under	section 507(o)(1)(B), check here .	
		Analysis of Reve			unin (c	a), must be on t	asii ba	1515)					(d) Disburse	mente
	art	total of amounts in	columns (b), (c), and	d (d)		evenue and	(b)	Net inve	stment	(c) Adjust	ed net	for charit	
		may not necessari	ly equal the amounts	ın ′		enses per books	' '	ıncom	е		incon		purpose	
-	T -	column (a) (see ins		- +-						 			(cash basis	ority)
	1	Charle I If the	, etc., received (attach sche foundation is not requi		.,69	0,200.00	-			 	·		 	
	2	attach	Sch B	• • •			-			 				
1	3	Interest on savings and	* *			 	 			ļ			ļ	
ι	4	Dividends and inter					<u> </u>			ļ				
	5 a	Gross rents	• • • • • • • • • •	• • •			ļ			-			 	
_	b	Net rental income or (lo	oss)				ļ			<u> </u>				
enne	6a b	Net gain or (loss) from Gross sales price for all assets on line 6a		ne 10						<u> </u>				_
Revenu	7	Capital gain net inco	ome (from Part IV, Jun	a 2)			 					 ··· · , , . .		
ď	8	Net short-term capit	•	· · -				,					-	
	9	Income modification	•										 	
		Gross sales less returns	1				 			1				
	١	and allowances Less Cost of goods sold	I			 				 				
	,	Gross profit or (loss)											•	
. –	11	Other income (attac		1.									 	
	12	Total. Add lines 1 th	rough 11		691	200 00	 				•			
. –	13	Compensation of office			, 050	0,200.00								
ses	1.4	Other employee sala												
, š	15	Pension plans, empl												
be	16 2	Legal fees (attach so								 			 	
Ж	h	Accounting fees (att							Article Control		\neg			
Š	٦	Other professional fe		- 1	5	1,063.00	H	-RE(SEIV		7			
ati	17					1,003.00	o				S			
str	40	Interest				-	8	NOV	23	020	S-0-S			
Ë	10	Taxes (attach schedu		· ·			무				18			
<u> </u>	19	Depreciation (attach					1			1 100	-1=	 -		
¥	20	Occupancy						-OGI	DEN,	UT				
힏	21	Travel, conferences,		1		4 000 00	<u> </u>						1 00	• • • •
a	15 16a b c 17 18 19 20 21 22 23 24	Printing and publication		- 1		4,233.00				ļ			4,23	3.00
ing	23	Other expenses (atta				90.00				ļ <u> </u>				
rat	24	Total operating and		I .										
be		Add lines 13 through				5,386.00				<u> </u>		 		3.00
0		Contributions, gifts,				,000.00					_		1,668,00	
_	26	Total expenses and disbur		and 25 1	<u>,723</u>	3,386.00						_	1,672,23	3.00
	27	Subtract line 26 from	n line 12	İ									-	(
		Excess of revenue over	-		-33	3,186.00								1
		Net investment inco	-					····						
		Adjusted net income	e (if negative lenter -	0-)						i				1

P	art l	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	<u> </u>
_		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1、	Cash - non-interest-bearing	497,310.00	464,124.00	464,124.00
	2	Savings and temporary cash investments			
•	3,	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶		<u> </u>	
		Less allowance for doubtful accounts ▶			
	5	Grants receivable		· · · · · · · · · · · · · · · · · · ·	
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
"		Less allowance for doubtful accounts ▶			
ssets	8	Inventories for sale or use			
Ass	9	Prepaid expenses and deferred charges			
		Investments - U S and state government obligations (attach schedule), .			
		Investments - corporate stock (attach schedule)			
	11 C	Investments - corporate bonds (attach schedule) Investments - land, buildings,			<u> </u>
		and equipment basis Less accumulated depreciation			
		(attach schedule)			
	12 13	Investments - mortgage loans			
	14	Land, buildings, and			, ,
		equipment basis Less accumulated depreciation (attach schedule)	·····		
ı	15	(attach schedule) Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item I)	497,310.00	464,124.00	464,124.00
	17	Accounts payable and accrued expenses			,
-	18	Grants payable			,
ဖွ	19	Deferred revenue			, }
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
용	21	Mortgages and other notes payable (attach schedule)			
إت	22	Other liabilities (describe ▶)			<u> </u>
Ì					ì
_	23	Total liabilities (add lines 17 through 22)			1
ces		Foundations that follow FASB ASC 958, check here			
		and complete lines 24, 25, 29, and 30.			·
믕	24	Net assets without donor restrictions			
2	25	Net assets with donor restrictions · · · · · · · · · · · · · · · · · · ·			<u> </u>
ξĮ		Foundations that do not follow FASB ASC 958, check here	,		· •
듼	24 25 26	and complete lines 26 through 30.	407 210 00	464 104 00	•
ō	26	Capital stock, trust principal, or current funds	497,310.00	464,124.00	
뜷	21	Paid-in or capital surplus, or land, bldg, and equipment fund			<u> </u>
SS		Retained earnings, accumulated income, endowment, or other funds	497,310.00	464,124.00	
		Total liabilities and net assets/fund balances (see	497,310.00	464,124.00	
ž		instructions)	497,310.00	464,124.00	
Р		Analysis of Changes in Net Assets or Fund Bala	nces	101/121.00	
		l net assets or fund balances at beginning of year - Part I		nust agree with	
		of-year figure reported on prior year's return)		- 1	497,310.00
2		er amount from Part I, line 27a			-33,186.00
		er increases not included in line 2 (itemize) ▶			
		lines 1, 2, and 3			464,124.00
5	Dec	reases not included in line 2 (itemize) ▶		5	
6	Tota	net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (t	o), line 29 6	464,124.00
					Form 990-PF (2019)

Pa	rt IV Capital Gains	and Losses for Tax on Inv	estment Income			
		scribe the kind(s) of property sold (for		(b) How acquired	(c) Date acquired	(d) Date sold
	2-story b	rick warehouse, or common stock, 200	J shs MLC Co)	P - Purchase D - Donation	(mo , day, yr)	(mo , day, yr)
<u>.1 a</u>						
b						
<u>c</u>						
<u>d</u>				<u> </u>		
<u> </u>	· · · · · · · · · · · · · · · · · · ·		1.00		<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) mini	
<u>a</u>						
<u>b</u>				 		
<u>c</u>						
<u>d</u>						
<u>e</u>		howing gain in column (h) and owned	d by the foundation on 12/31/69	 		
	Complete only for assets s		T		Gains (Col (h) ga (k), but not less to	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Losses (from co	
<u>a</u>						·
b						
<u>c</u>						
<u>d</u>			 			··
<u> </u>	_,	- 14	L	+ 1		···········
2	Capital gain net income	or (net canital loss)	gain, also enter in Part I, line 7	} 2		
3	Net short-term capital a	ain or (loss) as defined in sections	loss), enter -0- in Part I, line 7			
J			structions If (loss), enter -0- in	1		
		· · · · · · · · · · · · · · · · · · ·	, , , ,] 3		
Par	V Qualification L	Inder Section 4940(e) for Re	educed Tax on Net Investment	Income		
			ne section 4940(a) tax on net inves		me)	
(Op 100 100 0, 00 100 100 100 100 100 100 1				,,,	
If se	ction 4940(d)(2) applies,	leave this part blank				
		,				
Was	the foundation liable for	the section 4942 tax on the distril	butable amount of any year in the l	base period	ታ ን	Yes No
If "Y		n't qualify under section 4940(e)				
1	Enter the appropriate ar	mount in each column for each ye	ear, see the instructions before make	king any en	tries	
Cale	(a) Base penod years andar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	tio col (c))
	2018					
	2017					
	2016					
	2015					
	2014		<u> </u>		·	
2	Total of line 1, column (d	d)		2		
3	•		de the total on line 2 by 5 0, or by			
	the number of years the	foundation has been in existence	if less than 5 years	3		
4	Enter the net value of no	oncharitable-use assets for 2019	from Part X, line 5	4	51	9,914.62
				_		
5	Multiply line 4 by line 3.			5		<u>,-</u>
				1 1		
				ا ۽ ا		
6	Enter 1% of net investm)	6		
-		ent income (1% of Part I, line 27b)				
6		ent income (1% of Part I, line 27b))			
-	Add lines 5 and 6	ent income (1% of Part I, line 27b)		7	1 67	2,233.00

Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instr	uction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of (uling or determination letter (attach copy of letter if necessary - see instructions)	·		أدنت
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			
	here ▶ ☐ and enter 1% of Part I, line 27b		•	J.
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of		·	
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
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	2019 estimated tax payments and 2018 overpayment credited to 2019 6a			1
b	Exempt foreign organizations - tax withheld at source			{
С	Tax paid with application for extension of time to file (Form 8868)			Ì
đ	Backup withholding erroneously withheld			
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			
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	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶ 11			
Pai	t VII-A Statements Regarding Activities		,	,
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u></u>	Yes	No
	participate or intervene in any political campaign?	1a		_X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	1		
	instructions for the definition	1b		X
	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			اـــا
C	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			1
	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 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		<u>X</u>
	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			
_	conflict with the state law remain in the governing instrument?	6	-,,	<u> X</u>
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 NEVADA			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General]
IJ		8b	x	
9	(or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	"	^	i
	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 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes,"			v
	complete Part XIV	9		<u>X</u>
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	40		v
	names and addresses	10)_DE	X

Pa	rt VII-A Statements Regarding Activities (continued)			
		T	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		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	<u> </u>		
	person had advisory privileges? If "Yes," attach statement See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	^
	Website address ▶	13		l
14	The books are in care of ► JOHN CONRAD Telephone no ► 702-880-	4702		
	Located at ► ONE CAESARS PALACE DRIVE, LAS VEGAS, NV ZIP+4 ► 89109	4/52	·	
15	•			ТТ
15				
16	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		103	-
	over a bank, securities, or other financial account in a foreign country?	16	L	Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		1	
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	L		
ı a		Τ	V	Na
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	NO
та	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	'		İ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No		!	1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			٠
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			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)?			1
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	•		ļ
	foundation agreed to make a grant to or to employ the official for a period after			ı
	termination of government service, if terminating within 90 days)			į į
b	off 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		
	Organizations relying on a current notice regarding disaster assistance, check here			- {
С	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 2019?	1c		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private]
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	ارا]
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			j
	6d and 6e) for tax year(s) beginning before 2019?		ŀ	l
	If "Yes," list the years	1 1		٠ ا
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		İ	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			نــــن
	all years listed, answer "No" and attach statement - see instructions)	2b		 -
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	.		4
		. 1	.	1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	.		-
	at any time during the year?			1
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or	:		į
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	1	.	
	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 Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019)	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its]
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X

Pa	rt VII-B Statements Regarding Activities	for Which Form	14720 May Be Re	quired (cont	inued)			
5a	During the year, did the foundation pay or incur any arr			•		T	Yes	No
	(1) Carry on propaganda, or otherwise attempt to influ	ence legislation (section	on 4945(e))?	. Yes	X No			
	(2) Influence the outcome of any specific public el	ection (see section	4955), or to carry of	n,		v	1	*
	directly or indirectly, any voter registration drive?		•		X No		t,	
	(3) Provide a grant to an individual for travel, study, or				X No			l:. 1
	(4) Provide a grant to an organization other than a					1		
	section 4945(d)(4)(A)? See instructions		-		X No			
	(5) Provide for any purpose other than religious, of	haritable, scientific,	literary, or education	ial				
	purposes, or for the prevention of cruelty to children				X No		'	'
b	If any answer is "Yes" to 5a(1)-(5), did any of the]
	Regulations section 53 4945 or in a current notice rega					5b		
	Organizations relying on a current notice regarding disa					<u> </u>		<u> </u>
c	If the answer is "Yes" to question 5a(4), does the							
•	because it maintained expenditure responsibility for the				No			-{
	If "Yes," attach the statement required by Regulations s	_			NO			
6a	Did the foundation, during the year, receive any fu	` '						١٠ إ
va		·			□ N.			'
b	on a personal benefit contract?			, L Yes	No			
b	If "Yes" to 6b, file Form 8870	ectly or indirectly, on a	i personal benefit contr	acı,		6b		X
7a	At any time during the tax year, was the foundation a p	artic to a meabilitied to	ah altas tuana astras 2	□ v	₩.			
b	If "Yes," did the foundation receive any proceeds or ha	•		• —	X No			اــــا
8	Is the foundation subject to the section 4960 tax on pa			don',		7b		
•	remuneration or excess parachute payment(s) during the	• • •		□ v	X No			
Pa	t VIII Information About Officers, Director	rs Trustees For	Indation Manager	. Yes	id Employ	205		
	and Contractors		_					
	List all officers, directors, trustees, and foundate	ion managers and (b) Title, and average	their compensation (c) Compensation	i. See instruct	one to			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee bene	fit plans (e) Expens other all		
SEE	ATTACHED	- COVERED TO POSITION	0.1.0.	and dorented con-	portsation			
				-				
					···			
2	Compensation of five highest-paid employees	(other than thos	e included on lin	e 1 - see ir	nstructions)	. If no	one.	enter
	"NONE."	·						
(2)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributi employee be	ons to enefit (e)	Expens	e accou	ınt.
(4)	Traine and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	plans and de compensa		other all	owance	s
иои	3							
				-				
				 				
Total	number of other employees paid over \$50,000.							
	or other employees paid over 400,000.	<u> </u>	 		· • F			

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)					
3 Five I	ighest-paid independent contractors for protessional services. See instructions. If none, enter "NONI	."			
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation			
NONE					
	er of others receiving over \$50,000 for professional services				
Part IX-A	Summary of Direct Charitable Activities	 			
	idation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of s and other beneficianes served, conferences convened, research papers produced, etc	Expenses			
	undation generally does not engage in any direct charitable				
	ties. Rather, it uses its funds to provide financial assistance				
	rities chosen by its directors.				
2					
3					
4					
_					
Part IX-B	Summary of Program-Related Investments (see instructions)				
	e two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount			
1 N/A					
2					
All other pro	gram-related investments. See instructions				
3 N/A	gram rotates meeting to the sections				
O MAY					
Total. Add I	nes 1 through 3				

Par	t X	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign fou	indations,
1	Fair purp	market value of assets not used (or held for use) directly in carrying out charitable, etc., oses		
a	•	age monthly fair market value of securities	1a	527,832.10
b		age of monthly cash balances	1b	<u>J27,032.10</u>
c	Fair	market value of all other assets (see instructions).	1c	
d	Tota	I (add lines 1a, b, and c)	1d	527,832.10
e	Redu	iction claimed for blockage or other factors reported on lines 1a and		321,032.10
		ttach detailed explanation)	i l	
2		sisition indebtedness applicable to line 1 assets	2	
3		ract line 2 from line 1d	3	527,832.10
4	Cash	deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		327,832.10
-		uctions)	4	7,917.48
5	Net v	value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	519,914.62
6		num investment return. Enter 5% of line 5	6	25,995.73
Par	t XI	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four		
		and certain foreign organizations, check here ▶ and do not complete this part)	Idations	•
1	Minin	num investment return from Part X, line 6	1	25,995.73
2 a		on investment income for 2019 from Part VI, line 5 2a		23,333.13
b		ne tax for 2019 (This does not include the tax from Part VI) 2b	1	
		ines 2a and 2b	2c	
3		butable amount before adjustments Subtract line 2c from line 1	3	25,995.73
4		everies of amounts treated as qualifying distributions	4	23,333.73
5		ines 3 and 4	5	25,995.73
6	Dedu	iction from distributable amount (see instructions).	6	23,333.13
7		ibutable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
			7	25,995.73
				23,333.13
Par	l XII	Qualifying Distributions (see instructions)		
1	Amou	unts paid (including administrative expenses) to accomplish charitable, etc., purposes	1	
а		nses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	1,672,233.00
		ram-related investments - total from Part IX-B	1b	270127233.00
		unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
		oses	2	
3		unts set aside for specific charitable projects that satisfy the		
		bility test (prior IRS approval required)	3a	
b	Cash	distribution test (attach the required schedule)	3b	
		ying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,672,233.00
		dations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
		1% of Part I, line 27b See instructions	5	
6		sted qualifying distributions. Subtract line 5 from line 4	6	1,672,233.00
		The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
		qualifies for the section 4940(e) reduction of tax in those years	`	_

Part XIII Undistributed Income (see instruction	lions)			
1 Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
line 7				25,995.73
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only				
b Total for pnor years 20,20,20		1	******	
3 Excess distributions carryover, if any, to 2019			· · · · · · · · · · · · · · · · · · ·	
a From 2014				
b From 2015				
c From 2016				
4 5 0047				
e From 2018				
f Total of lines 3a through e		· · · · · · · · · · · · · · · · · · ·		-
4 Qualifying distributions for 2019 from Part XII,				
line 4 > \$1,672,233.00_				
a Applied to 2018, but not more than line 2a				
				
b 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 2019 distributable amount				
e Remaining amount distributed out of corpus		-		
5 Excess distributions carryover applied to 2019				
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract				
line 4b from line 2b				
c Enter the amount of prior years' undistributed				1
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				
e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see				
instructions				<u> </u>
f Undistributed income for 2019 Subtract lines				
4d and 5 from line 1. This amount must be				
distributed in 2020				25,995.73
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				1
required - see instructions)				'
8 Excess distributions carryover from 2014 not				
applied on line 5 or line 7 (see instructions)			,	
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				1
a Excess from 2015				
b Excess from 2016				!
c Excess from 2017			,	
d Excess from 2018				
e Excess from 2019				
<u> </u>				<u></u>

Forr	n 990-PF (2019)					Page 10
_		erating Foundation	s (see instructions a	and Part VII-A, ques	tion 9)	
1 a	If the foundation has					
	foundation, and the rulin					
b	Check box to indicate v	whether the foundation	is a private operating	foundation described i	n section 4942	(j)(3) or 4942(j)(5)
, 2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		
	justed net income from Part	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	I or the minimum investment return from Part X for each					
	year listed		<u></u>			
b	85% of line 2a					
С	Qualifying distributions from Part					
	XII, line 4, for each year listed .				<u>.</u>	<u> </u>
d	Amounts included in line 2c not used directly for active conduct					
	of exempt activities	ļ				
е	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line					
_	2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon		/	1		
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)					
b	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed		/		ļ	
С	"Support" alternative test - enter		Y			
	(1) Total support other than gross investment income					
	(interest, dividends, rents, payments on secunties					
	loans (section 512(a)(5)),			N .		
	or royalties)					
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)				 	
	(3) Largest amount of sup- port from an exempt					
	organization	/				
Pa		tary Information (Complete this part	only if the found	ation had \$5 000 c	or more in assets at
ıα		uring the year - see		only if the lound	ation nau \$5,000 C	il illore ili assets at
1	Information Regarding		<u> </u>			
	List any managers of			e than 2% of the total	al contributions recei	ved by the foundation
	before the close of any					•
N/A	4					
b	List any managers of	the foundation who	own 10% or more o	f the stock of a corp	oration (or an equall	y large portion of the
	ownership of a partners	ship or other entity) of	which the foundation	has a 10% or greater	ınterest	
N/A	<u> </u>					
2	Information Regarding	Contribution, Grant	Gift, Loan, Scholarsh	ip, etc., Programs:		
	Check here ▶ if the	ne foundation only i	makes contributions	to preselected char	itable organizations	and does not accept
	unsolicited requests fo	or funds. If the founda	ation makes gifts, gra			
	complete items 2a, b, c					
а	The name, address, ar	nd telephone number	or email address of th	ne person to whom app	olications should be add	iressed
	IN CONRAD, ONE C					
b	The form in which appli	ications should be sub	mitted and information	on and materials they	should include	
	ATTACHED					
С	Any submission deadling	nes				
N/A	Any restrictions or lin		augh es bu ses	anhinal sees	المام المام	matitutions of the co
	Any restrictions or lir	mitations on awards,	such as by geogra	apnicai areas, charita	ible fleids, kinds of	institutions, or other
/-						
N/A	<u> </u>			·· ···································		Form 990-PF (2019)
9E149	00 1 000					rom 330-FF (2019)

3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Recipient Name and address (home or business) A Paid during the year SEE ATTACHED Total Approved for future payment N/A	Form 990-PF (2019)				Page 1
SEE ATTACHED Total b Approved for liture payment N/A N/A	Part XV Supplementary Information (continued)			
SEE ATTACHED Total b Approved for liture payment N/A N/A	3 Grants and Contributions Paid Dur	ing the Year or App	roved for	Future Payment	
SEE ATTACHED Total b Approved for liture payment N/A N/A	Name and address (home as business)	show any relationship to	status of	Purpose of grant or	Amount
Total	. Name and address (nome or business)	or substantial contributor	recipient	Commission	
Total					
b Approved for future payment N/A	SEE ATTACHED				
b Approved for future payment N/A					
b Approved for future payment N/A					
b Approved for future payment N/A	i				
b Approved for future payment N/A					
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b Approved for future payment N/A	Total			▶ 3a	
	b Approved for future payment				
Total	N/A				
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Total Date of the Control of the Con					
Total Date of the Control of the Con					
Total					
Total				İ	
	 Total			▶ 3b	

Part XVI	-A Analysis of Income-Prod	ucing Act	ivities			
Enter gross	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e)
•		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
-	n service revenue			 		(See instructions)
				 		
	· · · · · · · · · · · · · · · · · · ·	<u></u>		 		
				 		
				<u> </u>		
f				 -		
-	and contracts from government agencies					
	rship dues and assessments					
	on savings and temporary cash investments .					
	ds and interest from securities			 		·
	tal income or (loss) from real estate					
	t-financed property			 		
	debt-financed property					
	al income or (loss) from personal property			-		
	nvestment income					
	loss) from sales of assets other than inventory					
	ome or (loss) from special events					
	profit or (loss) from sales of inventory			 -		
	evenue a		<u> </u>			
						·
· ·						
е				<u> </u>		
	l Add columns (b), (d), and (e)					
	dd line 12, columns (b), (d), and (e)				13	
	heet in line 13 instructions to verify calcu					
Part XVI			ccomplishment of Ex	empt Puri	ooses	
Line No.	Explain below how each activity accomplishment of the foundation					
•	accomplishment of the foundation	iii a exemp	t purposes (other than t	by providing	idids for such purposes	s) (See instructions)
		_				
						
						
			,			
						<u>-</u>
					 	<u></u>
			 			
					 	
						
						
	1					

om 990 PF								30 1
'art _a XVI	Organizations		fers to and Transa					
Did t	he organization direc	tly or indirectly e	ngage in any of the fol	lowing with any	other organization	n described	Yes	No
ın se	ection 501(c) (other	than section	501(c)(3) organizations	s) or in section	n 527, relating	to political		
_		na foundation to s	noncharitable exempt	organization of:				
/1) C	aen Sen	ng loundation to a		organization of		18/1	,	<u> x</u>
(2) 0	Other appets					1a(2	1	X
b Other	r transactions [,]					1		
(1) S	ales of assets to a no	ncharitable exem	pt organization		• • • • • • • • • •	1b(1)	<u> </u>
			le exempt organization.					X.
(3) R	ental of facilities, equi	ipment, or other a	ssets		• • • • • • • • •	<u>1b(3</u>	4	X
(4) R	eimbursement arrang	ements		• • • • • • • • •	• • • • • • • • •	1b(4		X
(5) Lo	oans or loan guarante	es			• • • • • • • • •	1b(5	9	X
			or fundraising solicitati					X
Sharii	ng of facilities, equipm	nent, mailing lists,	other assets, or paid e	mployees		<u>1c</u>		X
value	of the goods, other	assets, or service	" complete the follow es given by the reporti iment, show in column	ng foundation	If the foundation i	received less thar	ı faır n	nark
Line no	(b) Amount involved		ncharitable exempt organization		nption of transfers, tran			
					·			
			 					-
+								
descrit	bed in section 501(c)	(other than section	ated with, or related t on 501(c)(3)) or in sect				Yes	_ r
ii Yes	," complete the follow (a) Name of organization		(b) Type of organiza	ition	(c) Desc	ription of relationship		
								
Under	penalties of perjury, I declare	e that I have examined	this return, including accompa	nying schedules and	statements, and to the bo	est of my knowledge an	d belief,	it is
1 Done		hiehalai (oluei (yay (axb)	ayer) is based on all information o $1/1/16/20$			May the IRS dis	cuss this	s ret
a / '	agare of officer or trustee		Date Date	Title	N/L/	with the prepare See instructions		pelo
	Print/Type preparer's nam	ie	Preparer's signature		Date	Check if PTIN		
arer						self-employed	·	
	Firm's name			····	Firm's	EIN >		
Univ					I I			
Only	Filtr's address				Phone	. 00		

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

2019

Name of the organization			Employer identification number
THE CAESARS FOUNDA		<u> </u>	74-3050638
Organization type (check o	(e)		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter n	number) organization	
	4947(a)(1) nonexempt of	charitable trust not treated as a	private foundation
	527 political organization	on	
Form 990-PF	X 501(c)(3) exempt private	e foundation	
	4947(a)(1) nonexempt of	charitable trust treated as a priv	rate foundation
	501(c)(3) taxable private	e foundation	
			· · · · · · · · · · · · · · · · · · ·
	s covered by the General Rule or a S		
note: Only a section 501(c)	(7), (8), or (10) organization can ch	neck boxes for both the General F	Rule and a Special Rule See
General Rule			
	n filing Form 990, 990-EZ, or 990- or property) from any one contribu contributions		
Special Rules			
regulations under 13, 16a, or 16b, a	n described in section 501(c)(3) fili sections 509(a)(1) and 170(b)(1)(A nd that received from any one cont of the amount on (i) Form 990, Pa	A)(vi), that checked Schedule A (tributor, during the year, total co	(Form 990 or 990-EZ), Part II, line ontributions of the greater of (1)
contributor, durin	n described in section 501(c)(7), (8 the year, total contributions of mo onal purposes, or for the preventio	ore than \$1,000 exclusively for re	eligious, charitable, scientific,
contributor, during contributions tota during the year fo General Rule app	n described in section 501(c)(7), (8) the year, contributions exclusively ed more than \$1,000. If this box is an exclusively religious, charitable, less to this organization because it remore during the year	for religious, charitable, etc., puchecked, enter here the total co, etc., purpose. Don't complete eceived nonexclusively religious,	urposes, but no such ontributions that were received any of the parts unless the charitable, etc., contributions
_	t isn't covered by the General Rule ust answer "No" on Part IV, line 2,	•	n't file Schedule B (Form 990, ox 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)

	organization AESARS FOUNDATION FKA THE HARRAH'S FOUN	DATION	Employer identification number 74-3050638
Part I	Contributors (see instructions). Use duplicate copie		
(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	\$ 1,690,200.00	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	\ (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			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)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization Employer identification number THE CAESARS FOUNDATION FKA THE HARRAH'S FOUNDATION 74-3050638

Part II	Noncash Property (see instructions). Use duplicate copies	s 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
	PLEDGES RECEIVABLE (VARIOUS DATES)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	

Name of or	ganization			Employer identification number
THE CA	ESARS FOUNDATION FKA THE HAP	RRAH'S FOUNDATION		74-3050638
•	Exclusively religious, charitable, etc (10) that total more than \$1,000 for the following line entry. For organiza contributions of \$1,000 or less for the Use duplicate copies of Part III if add	the year from any one c tions completing Part III, er ne year (Enter this informa	ontributor. Content the total of	omplete columns (a) through (e) and exclusively religious, charitable, etc
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
				
		(e) Transfer of gil	ft	-
	Transferee's name, address, a	and ZIP + 4	Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif		hip of transferor to transferee
		III ZII 14	Relations	inp of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			 -	
,	Tformale normal address	(e) Transfer of giff		
	Transferee's name, address, a	iid ZIF + 4	Kelationsi	nip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift	:	
	Transferee's name, address, a	nd ZIP + 4	Relationsh	nip of transferor to transferee

The Caesars Foundation FEIN: 74-3050638 Attachment to Form 990-PF 12/31/2019

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

Consulting	\$ 51,063
	\$ 51,063

Form 990-PF, Part 1, page 1, question 23 Other expenses

Licenses and Fees	\$ _ 90
	\$ 90

The Caesars Foundation FEtN 74-3050638 Attachment to Form 990-PF Page 6, Part VIII, line 1 List of officers, directors, trustees 12/31/2019

(a) Name and address	(b) Title/ Hours per week	(c) Compensation	(d) Contributions to Employee Benefit Plans	(e) Expense acct, other allowances
Monica Digilio One Caesars Palace Drive, Las Vegas, NV 89109	Chairman 2 hours per week	0	0	0
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
Sherri Pucci Sosa 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
Lora Picini One Caesars Palace Drive, Las Vegas, NV 89109	Director 2 hours per week	0	0	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 12/31/2019

- 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,
 - Brief statement of history, goals, and accomplishments to date, С
 - d Current annual report,
 - Internal Revenue Service tax exemption letter 501(c)(3), е
 - f Current year's budget showing anticipated expenses and income,
 - 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, g
 - h Most recent independently audited financial statement,
 - List of members of applicant's governing board, 1
 - 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 11, Part XV, Line 3a Grants and Contributions Paid 2019

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
Toys for Tots	N/A	501(c)(3)	Program Support	\$ 5,000
Available Upon Request				
Cancer Society	N/A	501(c)(3)	Program Support	5,000
Available Upon Request				
American Red Cross	N/A	501(c)(3)	Program Support	10,000
Available Upon Request				
Red Cross Southern Shore	N/A	501(c)(3)	Program Support	5,000
Available Upon Request		1		
American Cancer Society	N/A	501(c)(3)	Program Support	5,000
Available Upon Request				
American Cancer Society Southern California	N/A	501(c)(3)	Program Support	5,000
Available Upon Request		```		·
American Cancer Society Tunica	N/A	501(c)(3)	Program Support	10,000
Available Upon Request				
American Cancer Society Ak-Chin	N/A	501(c)(3)	Program Support	8,000
Available Upon Request				
American Cancer Society Ak-Chin	N/A	501(c)(3)	Program Support	5,000
Available Upon Request				
American Cancer Society HLV	N/A	501(c)(3)	Program Support	5,000
Available Upon Request				
Cleveland Clinic	N/A	501(c)(3)	Program Support	50,000
Available Upon Request				
Foundation for Independent Tomorrow	N/A	501(c)(3)	Program Support	50,000
Ävailable Upon Request				
United Negro College Fund	N/A	501(c)(3)	Program Support	15,000
Available Upon Request			ĺ	
Leukemia and Lymphoma Society NOR	N/A	501(c)(3)	Program Support	10,000
Available Upon Request				
National Center for Responsible Gaming	N/A	501(c)(3)	Event Support	150,000
Ävailable Upon Request				
North Kansas City YMCA	N/A	501(c)(3)	Program Support	20,000
Available Upon Request				
Susan G Koman NWLA	N/A	501(c)(3)	Program Support	5,000
Available Upon Request		1	\	

If recipient is an individual, show any relationship to

·	If recipient is an inc show any relation		1	
. Recipient	any foundation m		Purpose of Grant or	
Farm Aid	N/A	501(c)(3)	Program Support	10,000
Available Upon Request				,
Legal Aid Center of Southern Nevada	N/A	501(c)(3)	Program Support	125,000
Available Upon Request		33 (3)(3)	l regram coppon	.20,000
UnidosUS	N/A	501(c)(3)	Program Support	30,000
Available Upon Request				
Muhammad Alı Museum	N/A	501(c)(3)	Program Support	20,000
Available Upon Request				
St. Rose Dominican	N/A	501(c)(3)	Program Support	25,000
Available Upon Request				
Joilet Area Hospice	N/A	501(c)(3)	Program Support	10,000
Available Upon Request				
National Park Trust	N/A	501(c)(3)	Program Support	60,000
Available Upon Request		```		,
Green Chips	N/A	501(c)(3)	Program Support	100,000
Available Upon Request		(5),(5),	. regram eapport	, 00,000
American National Red Cross Joilet	N/A	501(c)(3)	Program Support	10,000
Available Upon Request				
PTA Tahoe	N/A	501(c)(3)	Program Support	5,000
Available Upon Request				
Habitat for Humanity NW Indiana	N/A	501(c)(3)	Program Support	7,500
Available Upon Request				
NV Diabetes Association	N/A	501(c)(3)	Program Support	5,000
Available Upon Request				
Olive Crest_	N/A	501(c)(3)	Event Support	5,000
Available Upon Request				·
Bossier Council on Aging	N/A	501(c)(3)	Event Support	20,000
Available Upon Request				
National Civil Rights Museum	N/A	501(c)(3)	Program Support	10,000
Available Upon Request				
Meals on Wheels America	N/A	501(c)(3)	Program Support	150,000
Available Upon Request				
Clean the World Foundation	N/A	501(c)(3)	Program Support	125,000
Available Upon Request				
Foundation for Independent Tomorrow	N/A	501(c)(3)	Program Support	50,000
Available Upon Request				
United Way of Madison County	N/A	501(c)(3)	Program Support	5,000
Available Upon Request				
100 Black Men of Indianapolis	N/A	501(c)(3)	Program Support	5,000
Available Upon Request				

If recipient is an individual, show any relationship to

Foundation

Desirient	snow any relationship to	Foundation	D	
Recipient Standardbred Transition Alliance	any foundation manager N/A	status of	Purpose of Grant or	£ 000
Available Upon Request	IV/A	501(c)(3)	Program Support	5,000
Available Opon Nequest				
Best Buddies	N/A	501(c)(3)	Program Support	25,000
Available Upon Request		(-)(-)	l ingiam seppen	
Youth Empowerment Project	N/A	501(c)(3)	Program Support	5,000
Available Upon Request				
Best Buddies	N/A	501(c)(3)	Program Support	25,000
Available Upon Request				
Muscle Powered	N/A	501(c)(3)	Event Support	5,000
Available Upon Request		1 ` ` ` ′		,
Especially Kidz Health and Rehab	N/A	501(c)(3)	Program Support	20,000
Available Upon Request		00.(0)(0)	i rogiam cappon	20,000
Pottawattamie Arts	N/A	501(c)(3)	Program Support	10,000
Available Upon Request		301(0)(3)	i logiam Support	10,000
Light Health and Wellness Company Available Upon Request	N/A	501(c)(3)	Program Support	10,000
Available opon Request				
Micah House	N/A	501(c)(3)	Program Support	10,000
Available Upon Request			, regions spread	
Nature Conservancy	N/A	501(c)(3)	Program Support	5,000
Available Upon Request		301(0)(3)	ir rogram cupport	3,000
Reno Sparks Gospel Mission_	N/A	501(c)(3)	Program Support	5,000
Available Upon Request	Ì			
Paducah LGBT Welcome Center	N/A	501(c)(3)	Program Support	2,500
Available Upon Request			l rogium coppon	2,000
Jackson Purchase RCD	N/A	E01/a)/3)	Program Support	2 500
Available Upon Request	IV/A	501(c)(3)	Program Support	2,500
Reaching for Kids	N/A	501(c)(3)	Program Support	5,000
Available Upon Request				
Second Harvest Food Bank	N/A	501(c)(3)	Program Support	5,000
Available Upon Request		001(0)(0)	l rogiam cappon	0,000
Second Wind		504(-)(2)	0	75.000
Available Upon Request	N/A	501(c)(3)	Program Support	75,000
Available open request	İ	`		
Lou Ruvo Center	N/A	501(c)(3)	Program Support	50,000
Available Upon Request				
Public Education Foundation	N/A	E01/a)/3)	Event Cuppert	100,000
Available Upon Request	IV/A	501(c)(3)	Event Support	100,000
· · · · · · · · · · · · · · · · · · ·		1504/3/23	1	50.055
Shatterproof		501(c)(3)	Event Support	50,000
Available Upon Request				
Hospice for the Calumet Area	N/A	501(c)(3)	Program Support	12,500
		1 1 - / 1 - /		

If recipient is an individual, show any relationship to

Foundation

Recipient	any foundation manager	status of	Purpose of Grant or	•
Riverfront Alliance of Delaware County	N/A	501(c)(3)	Program Support	20,000
Available Upon Request				
Legacy Connection	N/A	501(c)(3)	Program Support	10,000
Available Upon Request				
USO Indiana	N/A	501(c)(3)	Event Support	5,000
Available Upon Request				
Mississippi Aquarium Foundation	N/A	501(c)(3)	Program Support	10,000
Available Upon Request				
Toys for Tots	N/A	501(c)(3)	Program Support	5,000
Available Upon Request				
Marvin Ross PTO	N/A	501(c)(3)	Program Support	5,000
Available Upon Request				
Heartland Family Services	N/A	501(c)(3)	Program Support	10,000
Available Upon Request				
Community Foodbank of New Jersey	N/A	501(c)(3)	Program Support	10,000
Available Upon Request				
American Cancer Society of New Jersey	N/A	501(c)(3)	Program Support	10,000
Available Upon Request				
Atlantic County Special Services District	N/A	501(c)(3)	Program Support	5,000
Available Upon Request				
Mohave County ARC	,N/A	501(c)(3)	Program Support	10,000
Available Upon Request				
		l	Total Payments	\$ 1,668,000