

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                 |                                                                                                                                                                                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of foundation<br>THE CAESARS FOUNDATION                                                                                                                                                                                                                                                           |                                                                                                                                                                                                 | A Employer identification number<br>74-3050638                                                                                                                                        |  |
| % Stephanie Lepori                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                 |                                                                                                                                                                                       |  |
| Number and street (or P.O. box number if mail is not delivered to street address)<br>1 CAESARS PALACE DR                                                                                                                                                                                               | Room/suite                                                                                                                                                                                      | B Telephone number (see instructions)                                                                                                                                                 |  |
| City or town, state or province, country, and ZIP or foreign postal code<br>LAS VEGAS, NV 891098969                                                                                                                                                                                                    |                                                                                                                                                                                                 | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                            |  |
| G Check all that apply:<br><input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |                                                                                                                                                                                                 | D 1. Foreign organizations, check here..... <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/> |  |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                      |                                                                                                                                                                                                 | E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>                                                                   |  |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 671,707                                                                                                                                                                                                         | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis.) | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>                                                                |  |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) |                                                                                                      | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue                                                                                                                                                             | 1 Contributions, gifts, grants, etc., received (attach schedule)                                     | 1,716,832                          |                           |                         |                                                             |
|                                                                                                                                                                     | 2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . . |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 3 Interest on savings and temporary cash investments . . . . .                                       | 0                                  | 0                         | 0                       |                                                             |
|                                                                                                                                                                     | 4 Dividends and interest from securities . . . . .                                                   | 0                                  | 0                         | 0                       |                                                             |
|                                                                                                                                                                     | 5a Gross rents . . . . .                                                                             | 0                                  | 0                         | 0                       |                                                             |
|                                                                                                                                                                     | b Net rental income or (loss) _____ 0                                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 6a Net gain or (loss) from sale of assets not on line 10                                             | 0                                  |                           |                         |                                                             |
|                                                                                                                                                                     | b Gross sales price for all assets on line 6a _____ 0                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 7 Capital gain net income (from Part IV, line 2) . . . . .                                           |                                    | 0                         |                         |                                                             |
|                                                                                                                                                                     | 8 Net short-term capital gain . . . . .                                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 9 Income modifications . . . . .                                                                     |                                    |                           | 0                       |                                                             |
|                                                                                                                                                                     | 10a Gross sales less returns and allowances _____ 0                                                  |                                    |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                               | b Less: Cost of goods sold . . . . .                                                                 | 0                                  |                           |                         |                                                             |
|                                                                                                                                                                     | c Gross profit or (loss) (attach schedule) . . . . .                                                 | 0                                  |                           | 0                       |                                                             |
|                                                                                                                                                                     | 11 Other income (attach schedule) . . . . .                                                          | 2,915                              | 0                         | 0                       |                                                             |
|                                                                                                                                                                     | 12 Total. Add lines 1 through 11 . . . . .                                                           | 1,719,747                          | 0                         | 0                       |                                                             |
|                                                                                                                                                                     | 13 Compensation of officers, directors, trustees, etc.                                               | 0                                  | 0                         | 0                       | 0                                                           |
|                                                                                                                                                                     | 14 Other employee salaries and wages . . . . .                                                       | 0                                  | 0                         | 0                       | 0                                                           |
|                                                                                                                                                                     | 15 Pension plans, employee benefits . . . . .                                                        | 0                                  | 0                         | 0                       | 0                                                           |
|                                                                                                                                                                     | 16a Legal fees (attach schedule) . . . . .                                                           | 0                                  | 0                         | 0                       | 0                                                           |
|                                                                                                                                                                     | b Accounting fees (attach schedule) . . . . .                                                        | 0                                  | 0                         | 0                       | 0                                                           |
|                                                                                                                                                                     | c Other professional fees (attach schedule) . . . . .                                                | 26,061                             | 0                         | 0                       | 0                                                           |
|                                                                                                                                                                     | 17 Interest . . . . .                                                                                | 0                                  | 0                         | 0                       | 0                                                           |
|                                                                                                                                                                     | 18 Taxes (attach schedule) (see instructions) . . . . .                                              | 0                                  | 0                         | 0                       | 0                                                           |
|                                                                                                                                                                     | 19 Depreciation (attach schedule) and depletion . . . . .                                            | 0                                  | 0                         | 0                       |                                                             |
|                                                                                                                                                                     | 20 Occupancy . . . . .                                                                               | 0                                  | 0                         | 0                       | 0                                                           |
|                                                                                                                                                                     | 21 Travel, conferences, and meetings . . . . .                                                       | 0                                  | 0                         | 0                       | 0                                                           |
|                                                                                                                                                                     | 22 Printing and publications . . . . .                                                               | 0                                  | 0                         | 0                       | 0                                                           |
|                                                                                                                                                                     | 23 Other expenses (attach schedule) . . . . .                                                        | 604                                | 0                         | 0                       | 0                                                           |
|                                                                                                                                                                     | 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .                    | 26,665                             | 0                         | 0                       | 0                                                           |
|                                                                                                                                                                     | 25 Contributions, gifts, grants paid . . . . .                                                       | 1,485,500                          |                           |                         | 1,485,500                                                   |
|                                                                                                                                                                     | 26 Total expenses and disbursements. Add lines 24 and 25                                             | 1,512,165                          | 0                         | 0                       | 1,485,500                                                   |
|                                                                                                                                                                     | 27 Subtract line 26 from line 12:                                                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | a Excess of revenue over expenses and disbursements                                                  | 207,582                            |                           |                         |                                                             |
|                                                                                                                                                                     | b Net investment income (if negative, enter -0-)                                                     |                                    | 0                         |                         |                                                             |
| c Adjusted net income (if negative, enter -0-)                                                                                                                      |                                                                                                      |                                    |                           | 0                       |                                                             |

| Part II Balance Sheets                                                                                       |                                                                                                                                                  | Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) |                |                       |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|
|                                                                                                              |                                                                                                                                                  | Beginning of year                                                                                                    | End of year    |                       |
|                                                                                                              |                                                                                                                                                  | (a) Book Value                                                                                                       | (b) Book Value | (c) Fair Market Value |
| Assets                                                                                                       | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                     | 464,125                                                                                                              | 671,707        | 671,707               |
|                                                                                                              | <b>2</b> Savings and temporary cash investments . . . . .                                                                                        |                                                                                                                      |                |                       |
|                                                                                                              | <b>3</b> Accounts receivable ▶ _____<br>Less: allowance for doubtful accounts ▶ _____                                                            |                                                                                                                      |                |                       |
|                                                                                                              | <b>4</b> Pledges receivable ▶ _____<br>Less: allowance for doubtful accounts ▶ _____                                                             |                                                                                                                      |                |                       |
|                                                                                                              | <b>5</b> Grants receivable . . . . .                                                                                                             |                                                                                                                      |                |                       |
|                                                                                                              | <b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .       | 0                                                                                                                    | 0              |                       |
|                                                                                                              | <b>7</b> Other notes and loans receivable (attach schedule) ▶ _____<br>Less: allowance for doubtful accounts ▶ _____                             | 0                                                                                                                    | 0              |                       |
|                                                                                                              | <b>8</b> Inventories for sale or use . . . . .                                                                                                   |                                                                                                                      |                |                       |
|                                                                                                              | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                         |                                                                                                                      |                |                       |
|                                                                                                              | <b>10a</b> Investments—U.S. and state government obligations (attach schedule)                                                                   |                                                                                                                      | 0              |                       |
|                                                                                                              | <b>b</b> Investments—corporate stock (attach schedule) . . . . .                                                                                 |                                                                                                                      | 0              |                       |
|                                                                                                              | <b>c</b> Investments—corporate bonds (attach schedule) . . . . .                                                                                 |                                                                                                                      | 0              |                       |
|                                                                                                              | <b>11</b> Investments—land, buildings, and equipment: basis ▶ _____<br>Less: accumulated depreciation (attach schedule) ▶ _____                  |                                                                                                                      | 0              |                       |
|                                                                                                              | <b>12</b> Investments—mortgage loans . . . . .                                                                                                   |                                                                                                                      |                |                       |
|                                                                                                              | <b>13</b> Investments—other (attach schedule) . . . . .                                                                                          |                                                                                                                      | 0              |                       |
|                                                                                                              | <b>14</b> Land, buildings, and equipment: basis ▶ _____<br>Less: accumulated depreciation (attach schedule) ▶ _____                              |                                                                                                                      | 0              |                       |
| <b>15</b> Other assets (describe ▶ _____)                                                                    | 0                                                                                                                                                | 0                                                                                                                    | 0              |                       |
| <b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) | 464,125                                                                                                                                          | 671,707                                                                                                              | 671,707        |                       |
| Liabilities                                                                                                  | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                        | 0                                                                                                                    | 0              |                       |
|                                                                                                              | <b>18</b> Grants payable . . . . .                                                                                                               | 0                                                                                                                    | 0              |                       |
|                                                                                                              | <b>19</b> Deferred revenue . . . . .                                                                                                             | 0                                                                                                                    | 0              |                       |
|                                                                                                              | <b>20</b> Loans from officers, directors, trustees, and other disqualified persons                                                               | 0                                                                                                                    | 0              |                       |
|                                                                                                              | <b>21</b> Mortgages and other notes payable (attach schedule) . . . . .                                                                          |                                                                                                                      | 0              |                       |
|                                                                                                              | <b>22</b> Other liabilities (describe ▶ _____)                                                                                                   | 0                                                                                                                    | 0              |                       |
|                                                                                                              | <b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                           | 0                                                                                                                    | 0              |                       |
| Net Assets or Fund Balances                                                                                  | <b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/><br><b>and complete lines 24, 25, 29 and 30.</b>               |                                                                                                                      |                |                       |
|                                                                                                              | <b>24</b> Net assets without donor restrictions . . . . .                                                                                        |                                                                                                                      |                |                       |
|                                                                                                              | <b>25</b> Net assets with donor restrictions . . . . .                                                                                           |                                                                                                                      |                |                       |
|                                                                                                              | <b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/><br><b>and complete lines 26 through 30.</b> |                                                                                                                      |                |                       |
|                                                                                                              | <b>26</b> Capital stock, trust principal, or current funds . . . . .                                                                             | 464,125                                                                                                              | 671,707        |                       |
|                                                                                                              | <b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund                                                                         |                                                                                                                      |                |                       |
|                                                                                                              | <b>28</b> Retained earnings, accumulated income, endowment, or other funds                                                                       |                                                                                                                      |                |                       |
| <b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .                              | 464,125                                                                                                                                          | 671,707                                                                                                              |                |                       |
| <b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .                         | 464,125                                                                                                                                          | 671,707                                                                                                              |                |                       |

| Part III Analysis of Changes in Net Assets or Fund Balances                                                                                                                 |          |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|
| <b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . . | <b>1</b> | 464,125 |
| <b>2</b> Enter amount from Part I, line 27a . . . . .                                                                                                                       | <b>2</b> | 207,582 |
| <b>3</b> Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | <b>3</b> |         |
| <b>4</b> Add lines 1, 2, and 3 . . . . .                                                                                                                                    | <b>4</b> | 671,707 |
| <b>5</b> Decreases not included in line 2 (itemize) ▶ _____                                                                                                                 | <b>5</b> |         |
| <b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .                                                              | <b>6</b> | 671,707 |

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

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo., day, yr.) | (d)<br>Date sold<br>(mo., day, yr.) |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| <b>1a</b>                                                                                                                          |                                                 |                                         |                                     |
|                                                                                                                                    |                                                 |                                         |                                     |
|                                                                                                                                    |                                                 |                                         |                                     |
|                                                                                                                                    |                                                 |                                         |                                     |

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

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

|                                                                                                                                                                                                           |          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>2</b> Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$      | <b>2</b> |  |
|                                                                                                                                                                                                           | <b>3</b> |  |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0-<br>in Part I, line 8 |          |  |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income****SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

| <b>1</b> Reserved             |                 |                 |                 |
|-------------------------------|-----------------|-----------------|-----------------|
| (a)<br>Reserved               | (b)<br>Reserved | (c)<br>Reserved | (d)<br>Reserved |
|                               |                 |                 |                 |
|                               |                 |                 |                 |
|                               |                 |                 |                 |
|                               |                 |                 |                 |
|                               |                 |                 |                 |
| <b>2</b> Reserved . . . . .   |                 |                 | <b>2</b>        |
| <b>3</b> Reserved. . . . .    |                 |                 | <b>3</b>        |
| <b>4</b> Reserved . . . . .   |                 |                 | <b>4</b>        |
| <b>5</b> Reserved . . . . .   |                 |                 | <b>5</b>        |
| <b>6</b> Reserved . . . . .   |                 |                 | <b>6</b>        |
| <b>7</b> Reserved . . . . .   |                 |                 | <b>7</b>        |
| <b>8</b> Reserved , . . . . . |                 |                 | <b>8</b>        |

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

|           |                                                                                                                                                                                                                                     |           |   |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions) |           |   |
| <b>b</b>  | Reserved.                                                                                                                                                                                                                           | <b>1</b>  | 0 |
| <b>c</b>  | All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)                                                                                                          |           |   |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                           | <b>2</b>  |   |
| <b>3</b>  | Add lines 1 and 2.                                                                                                                                                                                                                  | <b>3</b>  |   |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | <b>4</b>  |   |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.                                                                                                                                     | <b>5</b>  |   |
| <b>6</b>  | Credits/Payments:                                                                                                                                                                                                                   |           |   |
| <b>a</b>  | 2020 estimated tax payments and 2019 overpayment credited to 2020                                                                                                                                                                   | <b>6a</b> | 0 |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source                                                                                                                                                                                 | <b>6b</b> |   |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                                 | <b>6c</b> | 0 |
| <b>d</b>  | Backup withholding erroneously withheld                                                                                                                                                                                             | <b>6d</b> | 0 |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d.                                                                                                                                                                                | <b>7</b>  |   |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.                                                                                                           | <b>8</b>  |   |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .                                                                                                                                       | <b>9</b>  | 0 |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .                                                                                                                           | <b>10</b> |   |
| <b>11</b> | Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> 0 <b>Refunded</b>                                                                                                                                          | <b>11</b> |   |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                          | Yes       | No  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> 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?                                                                                                                                                                           | <b>1a</b> | No  |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).<br><i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i> | <b>1b</b> | No  |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                     | <b>1c</b> | No  |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br><b>(1)</b> On the foundation. ► \$ 0 <b>(2)</b> On foundation managers. ► \$ 0                                                                                                                                                            |           |     |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0                                                                                                                                                                                                    |           |     |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS?<br><i>If "Yes," attach a detailed description of the activities.</i>                                                                                                                                                                            | <b>2</b>  | No  |
| <b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>                                                                                                               | <b>3</b>  | No  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                    | <b>4a</b> | No  |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?                                                                                                                                                                                                                                                                         | <b>4b</b> |     |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br><i>If "Yes," attach the statement required by General Instruction T.</i>                                                                                                                                                                      | <b>5</b>  | No  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• 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?              | <b>6</b>  | No  |
| <b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>                                                                                                                                                                                                       | <b>7</b>  | Yes |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)<br>► NV                                                                                                                                                                                                                                     |           |     |
| <b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>                                                                                                                             | <b>8b</b> | Yes |
| <b>9</b> 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 2020 or the taxable year beginning in 2020? See the instructions for Part XIV.<br><i>If "Yes," complete Part XIV</i>                                                                               | <b>9</b>  | No  |
| <b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>                                                                                                                                                                                                     | <b>10</b> | No  |

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

|           |                                                                                                                                                                                                   |           |            |           |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | 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. . . . .   | <b>11</b> |            | <b>No</b> |
| <b>12</b> | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . . | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► _____                                                       | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of ► Ana Munoz Telephone no. ► (702) 369-5170                                                                                                                               |           |            |           |

Located at ► 1 CAESARS PALACE DR LAS VEGAS NV ZIP+4 ► 891098969

|           |                                                                                                                                                                                                     |                          |            |           |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|-----------|
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . .                                                                                 | <input type="checkbox"/> |            |           |
|           | and enter the amount of tax-exempt interest received or accrued during the year . . . . .                                                                                                           | <b>15</b>                |            |           |
| <b>16</b> | At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . | <b>16</b>                | <b>Yes</b> | <b>No</b> |
|           | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ► _____                                                            |                          |            |           |

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

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

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Yes</b> | <b>No</b> |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>1a</b> | During the year did the foundation (either directly or indirectly):                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |           |
|           | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                               |            |           |
|           | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                             |            |           |
|           | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                           |            |           |
|           | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                 |            |           |
|           | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                              |            |           |
|           | (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                    |            |           |
| <b>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 . . . . .                                                                                                                                                                                                                                                                      | <b>1b</b>  |           |
|           | Organizations relying on a current notice regarding disaster assistance check here. . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                     |            |           |
| <b>c</b>  | 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 2020? . . . . .                                                                                                                                                                                                                                                                                                        | <b>1c</b>  | <b>No</b> |
| <b>2</b>  | 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)):                                                                                                                                                                                                                                                                                                                           |            |           |
| <b>a</b>  | At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                          |            |           |
|           | If "Yes," list the years ► 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .                                                                                                                                                                          | <b>2b</b>  |           |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                 |            |           |
| <b>3a</b> | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                 |            |           |
| <b>b</b>  | If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.) . . . . . | <b>3b</b>  |           |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                          | <b>4a</b>  | <b>No</b> |
| <b>b</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 2020?                                                                                                                                                                                                                                                                        | <b>4b</b>  | <b>No</b> |

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

|           |                                                                                                                                                                                                                                            |                                                                     |            |           |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------|-----------|
| <b>5a</b> | During the year did the foundation pay or incur any amount to:                                                                                                                                                                             |                                                                     | <b>Yes</b> | <b>No</b> |
| (1)       | Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?                                                                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (2)       | Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?                                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (3)       | Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (4)       | Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.                                                                                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (5)       | Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?                                                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| <b>b</b>  | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.              |                                                                     | <b>5b</b>  |           |
|           | Organizations relying on a current notice regarding disaster assistance check here.                                                                                                                                                        | <input type="checkbox"/>                                            |            |           |
| <b>c</b>  | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?<br>If "Yes," attach the statement required by Regulations section 53.4945–5(d). | <input type="checkbox"/> Yes <input type="checkbox"/> No            |            |           |
| <b>6a</b> | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <b>6b</b>  | <b>No</b> |
| <b>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?<br>If "Yes" to 6b, file Form 8870.                                                                                              |                                                                     |            |           |
| <b>7a</b> | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?                                                                                                                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>7b</b>  |           |
| <b>b</b>  | If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                                                  |                                                                     |            |           |
| <b>8</b>  | Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |

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

| <b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>                       |                                                           |                                           |                                                                       |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| (a) Name and address                                                                                                                | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| See Additional Data Table                                                                                                           |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
| <b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b> |                                                           |                                           |                                                                       |                                       |
| (a) Name and address of each employee paid more than \$50,000                                                                       | (b) Title, and average hours per week devoted to position | (c) Compensation                          | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| NONE                                                                                                                                |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
| <b>Total number of other employees paid over \$50,000.</b>                                                                          |                                                           |                                           |                                                                       |                                       |

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

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

| (a) Name and address of each person paid more than \$50,000                         | (b) Type of service | (c) Compensation |
|-------------------------------------------------------------------------------------|---------------------|------------------|
| NONE                                                                                |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
| Total number of others receiving over \$50,000 for professional services. . . . . ▶ |                     |                  |

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

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b>                                                                                                                                                                                                                                               |          |
| <b>2</b>                                                                                                                                                                                                                                               |          |
| <b>3</b>                                                                                                                                                                                                                                               |          |
| <b>4</b>                                                                                                                                                                                                                                               |          |

**Part IX-B Summary of Program-Related Investments** (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|-------------------------------------------------------------------------------------------------------------------|--------|
| <b>1</b> N A                                                                                                      |        |
| <b>2</b>                                                                                                          |        |
| All other program-related investments. See instructions.                                                          |        |
| <b>3</b>                                                                                                          |        |
| Total. Add lines 1 through 3 . . . . . ▶                                                                          | 0      |

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

|          |                                                                                                                    |           |         |
|----------|--------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:        |           |         |
| <b>a</b> | Average monthly fair market value of securities. . . . .                                                           | <b>1a</b> | 0       |
| <b>b</b> | Average of monthly cash balances. . . . .                                                                          | <b>1b</b> | 809,060 |
| <b>c</b> | Fair market value of all other assets (see instructions). . . . .                                                  | <b>1c</b> | 0       |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c). . . . .                                                                     | <b>1d</b> | 809,060 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . . | <b>1e</b> | 0       |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets. . . . .                                                      | <b>2</b>  | 0       |
| <b>3</b> | Subtract line 2 from line 1d. . . . .                                                                              | <b>3</b>  | 809,060 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . . | <b>4</b>  | 12,136  |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4        | <b>5</b>  | 796,924 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5. . . . .                                                      | <b>6</b>  | 39,846  |

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

|           |                                                                                                                    |           |        |
|-----------|--------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>1</b>  | Minimum investment return from Part X, line 6. . . . .                                                             | <b>1</b>  | 39,846 |
| <b>2a</b> | Tax on investment income for 2020 from Part VI, line 5. . . . .                                                    | <b>2a</b> | 0      |
| <b>b</b>  | Income tax for 2020. (This does not include the tax from Part VI.). . . . .                                        | <b>2b</b> | 0      |
| <b>c</b>  | Add lines 2a and 2b. . . . .                                                                                       | <b>2c</b> | 0      |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1. . . . .                                     | <b>3</b>  | 39,846 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions. . . . .                                                 | <b>4</b>  | 0      |
| <b>5</b>  | Add lines 3 and 4. . . . .                                                                                         | <b>5</b>  | 39,846 |
| <b>6</b>  | Deduction from distributable amount (see instructions). . . . .                                                    | <b>6</b>  | 0      |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . . | <b>7</b>  | 39,846 |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                                              |           |           |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                                                   |           |           |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .                                                                         | <b>1a</b> | 1,485,500 |
| <b>b</b> | Program-related investments—total from Part IX-B. . . . .                                                                                                    | <b>1b</b> | 0         |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .                                           | <b>2</b>  | 0         |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:                                                                                         |           |           |
| <b>a</b> | Suitability test (prior IRS approval required). . . . .                                                                                                      | <b>3a</b> | 0         |
| <b>b</b> | Cash distribution test (attach the required schedule). . . . .                                                                                               | <b>3b</b> | 0         |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                                            | <b>4</b>  | 1,485,500 |
| <b>5</b> | 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. . . . . | <b>5</b>  | 0         |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .                                                                               | <b>6</b>  | 1,485,500 |

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

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

|                                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2019 | (c)<br>2019 | (d)<br>2020 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2020 from Part XI, line 7                                                                                                                                |               |                            |             | 39,846      |
| <b>2</b> Undistributed income, if any, as of the end of 2020:                                                                                                                              |               |                            |             |             |
| <b>a</b> Enter amount for 2019 only. . . . .                                                                                                                                               |               |                            | 0           |             |
| <b>b</b> Total for prior years: 20____, 20____, 20____                                                                                                                                     |               | 0                          |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2020:                                                                                                                                  |               |                            |             |             |
| <b>a</b> From 2015. . . . .                                                                                                                                                                | 0             |                            |             |             |
| <b>b</b> From 2016. . . . .                                                                                                                                                                | 0             |                            |             |             |
| <b>c</b> From 2017. . . . .                                                                                                                                                                | 0             |                            |             |             |
| <b>d</b> From 2018. . . . .                                                                                                                                                                | 0             |                            |             |             |
| <b>e</b> From 2019. . . . .                                                                                                                                                                | 0             |                            |             |             |
| <b>f</b> Total of lines 3a through e. . . . .                                                                                                                                              | 0             |                            |             |             |
| <b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 1,485,500                                                                                                           |               |                            |             |             |
| <b>a</b> Applied to 2019, but not more than line 2a                                                                                                                                        |               |                            | 0           |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               | 0                          |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              | 0             |                            |             |             |
| <b>d</b> Applied to 2020 distributable amount. . . . .                                                                                                                                     |               |                            |             | 0           |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        | 0             |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2020.                                                                                                                                   | 0             |                            |             | 0           |
| (If an amount appears in column (d), the same amount must be shown in column (a).)                                                                                                         |               |                            |             |             |
| <b>6</b> Enter the net total of each column as indicated below:                                                                                                                            | 0             |                            |             |             |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5                                                                                                                                 |               |                            |             |             |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .                                                                                                         |               | 0                          |             |             |
| <b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . |               |                            | 0           |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .                                                                                                           |               | 0                          |             |             |
| <b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .                                                                            |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .                                                              |               |                            |             | 39,846      |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .       | 0             |                            |             |             |
| <b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). . . . .                                                                              | 0             |                            |             |             |
| <b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a. . . . .                                                                                              | 0             |                            |             |             |
| <b>10</b> Analysis of line 9:                                                                                                                                                              |               |                            |             |             |
| <b>a</b> Excess from 2016. . . . .                                                                                                                                                         | 0             |                            |             |             |
| <b>b</b> Excess from 2017. . . . .                                                                                                                                                         | 0             |                            |             |             |
| <b>c</b> Excess from 2018. . . . .                                                                                                                                                         | 0             |                            |             |             |
| <b>d</b> Excess from 2019. . . . .                                                                                                                                                         | 0             |                            |             |             |
| <b>e</b> Excess from 2020. . . . .                                                                                                                                                         | 0             |                            |             |             |

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. . . . . ▶

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

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

|                                                                                                                                                                    | Tax year | Prior 3 years |          |          | (e) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
|                                                                                                                                                                    | (a) 2020 | (b) 2019      | (c) 2018 | (d) 2017 |           |
| <b>b</b> 85% of line 2a . . . . .                                                                                                                                  |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                             |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                           |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                   |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon:                                                                                                |          |               |          |          |           |
| <b>a</b> "Assets" alternative test—enter:                                                                                                                          |          |               |          |          |           |
| <b>(1)</b> Value of all assets . . . . .                                                                                                                           |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                               |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . .                                  |          |               |          |          |           |
| <b>c</b> "Support" alternative test—enter:                                                                                                                         |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |          |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .                                       |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization                                                                                                   |          |               |          |          |           |
| <b>(4)</b> Gross investment income                                                                                                                                 |          |               |          |          |           |

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

**1 Information Regarding Foundation Managers:**

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

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

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:  
Ana Munoz  
One Caesars Palace Drive  
Las Vegas, NV 89109  
(702) 369-5170

**b** The form in which applications should be submitted and information and materials they should include:  
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 501c3; 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; i. List of members of applicant's governing board; j. List of accrediting agencies where appropriate; and k. Cultural organizations should submit their most recent 12-month audience statistics.

**c** Any submission deadlines:  
N A

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
N A

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount    |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|-----------|
| Name and address (home or business)                               |                                                                                                                    |                                      |                                     |           |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |           |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | <b>3a</b>                           | 1,485,500 |
| <b>b</b> <i>Approved for future payment</i>                       |                                                                                                                    |                                      |                                     |           |
|                                                                   |                                                                                                                    |                                      |                                     |           |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | <b>3b</b>                           |           |

Enter gross amounts unless otherwise indicated.

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

## Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                     |  |              |            |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|------------|-----------|
| <b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?                                                                                                                                                                    |  |              | <b>Yes</b> | <b>No</b> |
| <b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:                                                                                                                                                                                                                                                                                                                         |  |              |            |           |
| <b>(1)</b> Cash. . . . .                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>1a(1)</b> |            | <b>No</b> |
| <b>(2)</b> Other assets. . . . .                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>1a(2)</b> |            | <b>No</b> |
| <b>b</b> Other transactions:                                                                                                                                                                                                                                                                                                                                                                                        |  |              |            |           |
| <b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .                                                                                                                                                                                                                                                                                                                                          |  | <b>1b(1)</b> |            | <b>No</b> |
| <b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .                                                                                                                                                                                                                                                                                                                                    |  | <b>1b(2)</b> |            | <b>No</b> |
| <b>(3)</b> Rental of facilities, equipment, or other assets. . . . .                                                                                                                                                                                                                                                                                                                                                |  | <b>1b(3)</b> |            | <b>No</b> |
| <b>(4)</b> Reimbursement arrangements. . . . .                                                                                                                                                                                                                                                                                                                                                                      |  | <b>1b(4)</b> |            | <b>No</b> |
| <b>(5)</b> Loans or loan guarantees. . . . .                                                                                                                                                                                                                                                                                                                                                                        |  | <b>1b(5)</b> |            | <b>No</b> |
| <b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .                                                                                                                                                                                                                                                                                                                              |  | <b>1b(6)</b> |            | <b>No</b> |
| <b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .                                                                                                                                                                                                                                                                                                                  |  | <b>1c</b>    |            | <b>No</b> |
| <b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received. |  |              |            |           |

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

|                      |                                                                                                                                                                                                                                                                                                                        |               |                |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|
| <b>Sign<br/>Here</b> | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |               |                |
|                      | *****                                                                                                                                                                                                                                                                                                                  | 2021-11-11    | *****          |
|                      | _____<br>Signature of officer or trustee                                                                                                                                                                                                                                                                               | _____<br>Date | _____<br>Title |

May the IRS discuss this return with the preparer shown below  
 (see instr.) ☐ **Yes** ☒ **No**

|                                       |                            |                      |      |                                                   |              |
|---------------------------------------|----------------------------|----------------------|------|---------------------------------------------------|--------------|
| <b>Paid<br/>Preparer<br/>Use Only</b> | Print/Type preparer's name | Preparer's Signature | Date | Check if self-employed ► <input type="checkbox"/> | PTIN         |
|                                       | Firm's name ►              |                      |      |                                                   | Firm's EIN ► |
|                                       | Firm's address ►           |                      |      |                                                   | Phone no.    |

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

| (a) Name and address                                                                                          | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| Anthony Carano               | Chairman<br>2.00                                          | 0                                         | 0                                                                     | 0                                     |
| One Caesars Palace Drive<br>Las Vegas, NV 89109                                                               |                                                           |                                           |                                                                       |                                       |
| Stephani Lepori              | Vice Chariman<br>2.00                                     | 0                                         | 0                                                                     | 0                                     |
| One Caesars Palace Drive<br>Las Vegas, NV 89109                                                               |                                                           |                                           |                                                                       |                                       |
| Dan Nita                     | Trustee<br>2.00                                           | 0                                         | 0                                                                     | 0                                     |
| One Caesars Palace Drive<br>Las Vegas, NV 89109                                                               |                                                           |                                           |                                                                       |                                       |
| Barron Fuller                | Trustee<br>2.00                                           | 0                                         | 0                                                                     | 0                                     |
| One Caesars Palace Drive<br>Las Vegas, NV 89109                                                               |                                                           |                                           |                                                                       |                                       |
| Jonathan Jones               | Trustee<br>2.00                                           | 0                                         | 0                                                                     | 0                                     |
| One Caesars Palace Drive<br>Las Vegas, NV 89109                                                               |                                                           |                                           |                                                                       |                                       |
| Sherri Pucci Sosa            | Trustee<br>2.00                                           | 0                                         | 0                                                                     | 0                                     |
| One Caesars Palace Drive<br>Las Vegas, NV 89109                                                               |                                                           |                                           |                                                                       |                                       |
| Katie Carano Miller          | Trustee<br>2.00                                           | 0                                         | 0                                                                     | 0                                     |
| One Caesars Palace Drive<br>Las Vegas, NV 89109                                                               |                                                           |                                           |                                                                       |                                       |
| Paul Georgeson               | Trustee<br>2.00                                           | 0                                         | 0                                                                     | 0                                     |
| One Caesars Palace Drive<br>Las Vegas, NV 89109                                                               |                                                           |                                           |                                                                       |                                       |
| Samantha Hithe Washington  | Trustee<br>2.00                                           | 0                                         | 0                                                                     | 0                                     |
| One Caesars Palace Drive<br>Las Vegas, NV 89109                                                               |                                                           |                                           |                                                                       |                                       |
| Ana Munoz                  | Director<br>2.00                                          | 0                                         | 0                                                                     | 0                                     |
| One Caesars Palace Drive<br>Las Vegas, NV 89109                                                               |                                                           |                                           |                                                                       |                                       |
| Kelley Magdaluyo           | Administrator<br>2.00                                     | 0                                         | 0                                                                     | 0                                     |
| One Caesars Palace Drive<br>Las Vegas, NV 89109                                                               |                                                           |                                           |                                                                       |                                       |
| Cherece Vina               | Secretary<br>2.00                                         | 0                                         | 0                                                                     | 0                                     |
| One Caesars Palace Drive<br>Las Vegas, NV 89109                                                               |                                                           |                                           |                                                                       |                                       |
| John Conrad                | Treasurer<br>2.00                                         | 0                                         | 0                                                                     | 0                                     |
| One Caesars Palace Drive<br>Las Vegas, NV 89109                                                               |                                                           |                                           |                                                                       |                                       |
| Gwen Migita                | Corporate Responsibility<br>2.00                          | 0                                         | 0                                                                     | 0                                     |
| One Caesars Palace Drive<br>Las Vegas, NV 89109                                                               |                                                           |                                           |                                                                       |                                       |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| WBENC Southern Economic Tour<br>1120 Connecticut Avenue NW<br>Suite 1000<br>Washington, DC 20036         | No Relationship                                                                                           | NC                             | Program Support                  | 140,000   |
| WeSpire50 Milk Street<br>Boston, MA 02109                                                                | No Relationship                                                                                           | NC                             | Program Support                  | 16,000    |
| Governors Fund1 Elm Street<br>Byfield, MA 01922                                                          | No Relationship                                                                                           | NC                             | Program Support                  | 125,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,485,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| Carson Valley Food Closet<br>1251 Waterloo Lane<br>Gardnerville, NV 89410                                | No Relationship                                                                                           | NC                             | Program Support                  | 4,000     |
| Catholic Charities of Southern NV<br>1501 Las Vegas BLVD N<br>Las Vegas, NV 89101                        | No Relationship                                                                                           | NC                             | Program Support                  | 25,000    |
| COPE208 W Coal Ave<br>Gallup, NM 87301                                                                   | No Relationship                                                                                           | NC                             | Program Support                  | 4,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,485,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| Harvesters Food Bank3801 Topping Ave<br>Kansas City, MO 64129                                            | No Relationship                                                                                           | NC                             | Program Support                  | 3,000     |
| NW LA Food Bank285 Mt Zion Road<br>Shreveport, LA 71106                                                  | No Relationship                                                                                           | NC                             | Program Support                  | 4,000     |
| Second Harvest Food Bank EC IN<br>6621 Old State Road<br>Muncie, IN 47303                                | No Relationship                                                                                           | NC                             | Program Support                  | 4,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,485,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| Second Harvest Food Bank NO<br>700 Edwards Ave<br>New Orleans, LA 70123                                  | No Relationship                                                                                           | NC                             | Program Support                  | 4,000     |
| Three Square4190 North Pecos Road<br>North Las Vegas, NV 89115                                           | No Relationship                                                                                           | NC                             | Program Support                  | 45,000    |
| United Way Greater Philly<br>1800 John F Kennedy Blvd<br>Suite 1200<br>Philadelphia, PA 19103            | No Relationship                                                                                           | NC                             | Program Support                  | 12,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,485,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| United Way NW LA820 Jordan Street<br>Suite 370<br>Shreveport, LA 71101                                   | No Relationship                                                                                           | NC                             | Program Support                  | 4,000     |
| United Way of Will County<br>54 North Ottawa Street<br>Suite 300<br>Joliet, IL 60432                     | No Relationship                                                                                           | NC                             | Program Support                  | 4,000     |
| United Way of Southern Mississippi<br>11975 Seaway Road b170<br>Gulfport, MS 39503                       | No Relationship                                                                                           | NC                             | Event Support                    | 4,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,485,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| Veterans Village<br>1150 South Las Vegas Blvd<br>Las Vegas, NV 89104                                     | No Relationship                                                                                           | NC                             | Program Support                  | 15,000    |
| Blue River Community<br>54 West Broadway Street<br>Suite 1<br>Shlebyville, IN 46176                      | No Relationship                                                                                           | NC                             | Program Support                  | 4,000     |
| Caridad2540 South Maryland Parkway<br>Suite 197<br>Las Vegas, NV 89109                                   | No Relationship                                                                                           | NC                             | Program Support                  | 10,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,485,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| Christmas Cheer1045 Columbian Ave<br>Oak Park, IL 60302                                                  | No Relationship                                                                                           | NC                             | Program Support                  | 4,000     |
| Dare to Care Louisville Food Bank<br>5803 Fern Valley Road<br>Louisville, KY 40288                       | No Relationship                                                                                           | NC                             | Program Support                  | 4,000     |
| Food Bank for Heartland10525 J Street<br>Omaha, NE 68127                                                 | No Relationship                                                                                           | NC                             | Program Support                  | 4,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,485,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| Mid South Food Bank<br>3865 South Perkins Road<br>Memphis, TN 38118                                      | No Relationship                                                                                           | NC                             | Program Support                  | 4,000     |
| Moses213 South McGregor Ave<br>Mobile, AL 36608                                                          | No Relationship                                                                                           | NC                             | Program Support                  | 10,000    |
| New Vision Homeless<br>1435 North 15th Street<br>Council Bluffs, IA 51501                                | No Relationship                                                                                           | NC                             | Program Support                  | 2,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,485,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| NW IN Food Bank6490 Broadway<br>Merrilville, IN 46410                                                    | No Relationship                                                                                           | NC                             | Program Support                  | 4,000     |
| Food Bank NJ31 Evans Terminal<br>Hilside, NJ 07205                                                       | No Relationship                                                                                           | NC                             | Program Support                  | 23,000    |
| Southern Nevada Transit Coalition<br>260 Laughlin Civic Drive<br>Laughlin, NV 89029                      | No Relationship                                                                                           | NC                             | Program Support                  | 4,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,485,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| City Impact555 South A Street<br>Suite 185<br>Oxnard, CA 93030                                           | No Relationship                                                                                           | NC                             | Program Support                  | 20,000    |
| Sulphur Christian Community<br>565 N Crocker Street<br>Sulphur, LA 70663                                 | No Relationship                                                                                           | NC                             | Program Support                  | 7,500     |
| True Talent Sports<br>208 South Beau Pre Road<br>Lafayette, LA 70508                                     | No Relationship                                                                                           | NC                             | Event Support                    | 7,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,485,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| Legal Aid of Southern Nevada<br>725 East Charleston Blvd<br>Las Vegas, NV 89109                          | No Relationship                                                                                           | NC                             | Event Support                    | 125,000   |
| Center of Responsible Gaming<br>900 Cummings Center<br>Suite 321-U<br>Beverly, MA 01915                  | No Relationship                                                                                           | NC                             | Program Support                  | 100,000   |
| American Cancer Society<br>250 Williams Street NW<br>Atlanta, GA 30303                                   | No Relationship                                                                                           | NC                             | Program Support                  | 40,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,485,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| Cooper Foundation1248 O Street Suite 870 Lincoln, NE 68508                                               | No Relationship                                                                                           | NC                             | Program Support                  | 20,000    |
| American Red Cross431 18th Street NW Washington, DC 20006                                                | No Relationship                                                                                           | NC                             | Program Support                  | 20,000    |
| Agape Therapeutic Riding Group24970 Mt Pleasant Road Cicero, IN 46034                                    | No Relationship                                                                                           | NC                             | Program Support                  | 8,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,485,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| Hancock Hope House35 E Pierson Street<br>Greenfield, IN 46140                                            | No Relationship                                                                                           | NC                             | Program Support                  | 10,000    |
| United Way of Madison County<br>701 Andrew Jackson Way NE<br>Huntsville, AL 35801                        | No Relationship                                                                                           | NC                             | Program Support                  | 8,000     |
| BTST Cares Incorporated<br>1900 N Howard Street<br>Suite 300<br>Baltimore, MD 21218                      | No Relationship                                                                                           | NC                             | Program Support                  | 5,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,485,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| United Negro College Fund<br>1805 7th Street NW<br>Washington, DC 20001                                  | No Relationship                                                                                           | NC                             | Event Support                    | 25,000    |
| Pottawattamie Arts<br>1001 South 6th Street<br>Council Bluffs, IA 51501                                  | No Relationship                                                                                           | NC                             | Program Support                  | 5,000     |
| Jeannie Edmundson Hospital<br>933 East Pierce Street<br>Council Bluffs, IA 51503                         | No Relationship                                                                                           | NC                             | Program Support                  | 5,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,485,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment            |                                                                                                           |                                |                                  |           |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                           | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                 |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                |                                                                                                           |                                |                                  |           |
| The League of United Latin American Citizens Institute<br>1133 19th Street NW<br>Suite 1000<br>Washington, DC 20036 | No Relationship                                                                                           | NC                             | Program Support                  | 50,000    |
| Second Wind Dreams<br>10892 Crabapple Road<br>Suite 300<br>Roswell, GA 30075                                        | No Relationship                                                                                           | NC                             | Program Support                  | 50,000    |
| Foundation for Independent Tomorrow<br>1931 Stella Lake Street<br>Las Vegas, NV 89106                               | No Relationship                                                                                           | NC                             | Program Support                  | 50,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                                         |                                                                                                           |                                |                                  | 1,485,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| Public Education Foundation<br>4350 South Maryland Parkway<br>Las Vegas, NV 89119                        | No Relationship                                                                                           | NC                             | Program Support                  | 100,000   |
| Noble Research Institute<br>2510 Sam Noble Parkway<br>Admore, OK 73401                                   | No Relationship                                                                                           | NC                             | Program Support                  | 50,000    |
| Big Brothers Big Sisters of Will and Grundy Counties<br>14 Fairlane Drive<br>Joliet, IL 60435            | No Relationship                                                                                           | NC                             | Program Support                  | 8,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,485,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| St Rose Dominican<br>3001 St Rose Parkway<br>Henderson, NV 89052                                         | No Relationship                                                                                           | NC                             | Program Support                  | 25,000    |
| YMCA of Kansas City<br>3100 Broadway Street<br>Suite 1020<br>Kansas City, MO 64111                       | No Relationship                                                                                           | NC                             | Program Support                  | 20,000    |
| Heartland of Family Services<br>2101 South 42nd Street<br>Omaha, NE 68105                                | No Relationship                                                                                           | NC                             | Event Support                    | 7,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,485,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| Massac Memorial Hospital<br>28 Chick Street<br>Metropolis, IL 62960                                      | No Relationship                                                                                           | NC                             | Event Support                    | 6,000     |
| Legacy Connection2810 7th Street<br>Tuscaloosa, AL 35401                                                 | No Relationship                                                                                           | NC                             | Program Support                  | 5,500     |
| Goodwill of Central and Southern Indiana<br>1635 West Michigan Street<br>Indianapolis, IN 46222          | No Relationship                                                                                           | NC                             | Program Support                  | 6,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,485,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| Partnerships of Development Group<br>1401 Severn Street<br>Suite 201<br>Baltimore, MD 21230              | No Relationship                                                                                           | NC                             | Program Support                  | 5,000     |
| Boys and Girls Club of Chester<br>201 East 7th Street<br>Chester, PA 19013                               | No Relationship                                                                                           | NC                             | Event Support                    | 5,000     |
| Delaware County Literacy Council<br>2217 Providence Ave<br>Chester, PA 19013                             | No Relationship                                                                                           | NC                             | Program Support                  | 3,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,485,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| Carson City Senior Center<br>911 Beverly Drive<br>Carson City, NV 89706                                  | No Relationship                                                                                           | NC                             | Program Support                  | 7,000     |
| Tahoe Rim Trail Association<br>128 Market Street<br>Suite 3E<br>Stateline, NV 89449                      | No Relationship                                                                                           | NC                             | Program Support                  | 7,500     |
| Tahoe Coalition for the Homeless<br>1137 Emerald Bay Road<br>South Lake Tahoe, CA 96150                  | No Relationship                                                                                           | NC                             | Program Support                  | 7,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,485,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| Hub Urban Ministries4110 Youree Drive<br>Shreveport, LA 71105                                            | No Relationship                                                                                           | NC                             | Program Support                  | 16,000    |
| Micah House1415 Avenue J<br>Council Bluffs, IA 51501                                                     | No Relationship                                                                                           | NC                             | Program Support                  | 7,000     |
| Clean the World<br>3111 South Valley View Blvd<br>Las Vegas, NV 89102                                    | No Relationship                                                                                           | NC                             | Program Support                  | 150,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,485,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment             |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                            | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                  |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                 |                                                                                                           |                                |                                  |           |
| Senior Services of Will County<br>251 North Center Street<br>Joliet, IL 60435                                        | No Relationship                                                                                           | NC                             | Program Support                  | 8,000     |
| <b>Total</b> . . . . .  <b>3a</b> |                                                                                                           |                                |                                  | 1,485,500 |

**Form 990PF Part XVI-A Line 1 - Program service revenue:**

| Enter gross amounts unless otherwise indicated. | Unrelated business income      |                      | Excluded by section 512, 513, or 514 |                      | <b>(e)</b><br>Related or<br>exempt<br>function income<br>(See the<br>instructions.) |
|-------------------------------------------------|--------------------------------|----------------------|--------------------------------------|----------------------|-------------------------------------------------------------------------------------|
| <b>1</b> Program service revenue:               | <b>(a)</b><br>Business<br>code | <b>(b)</b><br>Amount | <b>(c)</b><br>Exclusion code         | <b>(d)</b><br>Amount |                                                                                     |
| <b>a</b>                                        |                                | 0                    |                                      | 0                    | 0                                                                                   |
| <b>b</b>                                        |                                | 0                    |                                      | 0                    | 0                                                                                   |
| <b>c</b>                                        |                                | 0                    |                                      | 0                    | 0                                                                                   |
| <b>d</b>                                        |                                | 0                    |                                      | 0                    | 0                                                                                   |
| <b>e</b>                                        |                                | 0                    |                                      | 0                    | 0                                                                                   |
| <b>f</b>                                        |                                | 0                    |                                      | 0                    | 0                                                                                   |
|                                                 |                                | 0                    |                                      | 0                    | 0                                                                                   |

**TY 2020 Other Expenses Schedule****Name:** THE CAESARS FOUNDATION**EIN:** 74-3050638**Software ID:** 20012075**Software Version:** V1.0**Other Expenses Schedule**

| Description       | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|-------------------|--------------------------------------|--------------------------|------------------------|---------------------------------------------|
| Licenses and Fees | 604                                  | 0                        | 0                      | 0                                           |

**TY 2020 Other Income Schedule****Name:** THE CAESARS FOUNDATION**EIN:** 74-3050638**Software ID:** 20012075**Software Version:** V1.0**Other Income Schedule**

| Description                    | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|--------------------------------|-----------------------------------|--------------------------|---------------------|
| Cash Reconciliation Adjustment | 2,915                             | 0                        | 0                   |

**TY 2020 Other Professional Fees Schedule****Name:** THE CAESARS FOUNDATION**EIN:** 74-3050638**Software ID:** 20012075**Software Version:** V1.0

| <b>Category</b> | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-----------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| Consulting      | 26,061        | 0                                | 0                              | 0                                                    |

|                                                                                                                              |                                                                                                                                                                                     |                                              |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>Schedule B</b><br>(Form 990, 990-EZ, or 990-PF)<br><small>Department of the Treasury<br/>Internal Revenue Service</small> | <b>Schedule of Contributors</b><br><br>▶ Attach to Form 990, 990-EZ, or 990-PF.<br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information. | OMB No. 1545-0047                            |
|                                                                                                                              |                                                                                                                                                                                     | <b>2020</b>                                  |
| Name of the organization<br>THE CAESARS FOUNDATION                                                                           |                                                                                                                                                                                     | Employer identification number<br>74-3050638 |

Organization type (check one):

|                    |                                                                                                           |
|--------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Filers of:</b>  | <b>Section:</b>                                                                                           |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)( ) (enter number) organization                                            |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization                                                       |
| Form 990-PF        | <input checked="" type="checkbox"/> 501(c)(3) exempt private foundation                                   |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation                                             |

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

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that 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 990PF, 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)<br>No. | (b)<br>Name, address, and ZIP + 4                                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | CAESARS ENTERPRISE SERVICES LLC<br>ONE CAESARS PALACE DRIVE<br>LAS VEGAS, NV 89109 | \$ 1,716,832               | <input checked="" type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
|            |                                                                                    | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.)            |
|            |                                                                                    | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.)            |
|            |                                                                                    | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.)            |
|            |                                                                                    | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.)            |
|            |                                                                                    | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.)            |
|            |                                                                                    | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.)            |
|            |                                                                                    | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.)            |

|                                                |                                              |
|------------------------------------------------|----------------------------------------------|
| Name of organization<br>THE CAESARS FOUNDATION | Employer identification number<br>74-3050638 |
|------------------------------------------------|----------------------------------------------|

| Part II Noncash Property  |                                                                                                                                                   |                                                |                      |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------|
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given<br><small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small> | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         |                                                                                                                                                   | \$                                             |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given                                                                                                      | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         |                                                                                                                                                   | \$                                             |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given                                                                                                      | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         |                                                                                                                                                   | \$                                             |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given                                                                                                      | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         |                                                                                                                                                   | \$                                             |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given                                                                                                      | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         |                                                                                                                                                   | \$                                             |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given                                                                                                      | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         |                                                                                                                                                   | \$                                             |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given                                                                                                      | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         |                                                                                                                                                   | \$                                             |                      |

74-3050638

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)