

DEVELOPMENT PROVIDER ANNUAL LOCAL DEVELOPMENT AGREEMENT REPORT State Form 54928 (2-12) Approved by State Board of Accounts, 2012 INDIANA GAMING COMMISSION Pursuant to IC 4-33-23

		I. Report	Information		
Development provider Caesars Riverboat Casino, dba Horseshoe Casino & Hot		Legal name of personal leading tel Bradley S. Seig	on that prepared this report	Date submitted (month, day, year 02-13-2013	
		II. Total A	Amount	Religionario escar	
Total amount of econon	nic development payments paid during report per	riod:	. 10	2,997,322.00	
Attach additional sheets	s if necessary.)	III. Details of Eco	onomic Development P		
Name of Recipient	Address (number and street, city, state, ZIP code)	Telephone Number	Contact Person	Payment Date (month, day, year	Payment Amount (total must equal item II)
Herrison County Community Foundation	1523 Foundation Way NE, Corydon, IN 47112	(812) 738-6668	Steve Gilliland	1/9/2012	1,453,239.75
Harrison County Community Foundation	1523 Foundation Way NE, Corydon, IN 47112	(812) 738-6668	Steve Gilliland	2/9/2012	284,130.00
Harrison County Community Foundation	1523 Foundation Way NE, Corydon, IN 47112	(812) 738-6668	Steve Gilliland	3/9/2012	368,089.50
Harrison County Community Foundation	1523 Foundation Way NE, Corydon, IN 47112	(812) 738-6668	Steve Gilliland	4/10/2012	359,957.25
Harrison County Community Foundation	1523 Foundation Way NE, Corydon, IN 47112	(812) 738-6668	Steve Gilliland	5/8/2012	352,660.50
Harrison County Community Foundation	1523 Foundation Way NE, Corydon, IN 47112	(812 738-6668	Steve Gilliland	6/8/2012	459,749.25
Harrison County Community Foundation	1523 Foundation Way NE, Corydon, IN 47112	(812 738-6668	Steve Gilliland	7/10/2012	508,858.50
		IV. Statement			
accompanying docu	perjury, I declare that I am an officer of tumentation and to the best of my knowled	he organization listed dge and belief, it is to	d in section 1, and that rue, correct, and comple	ete.	report and any 2/13/2013
Signatur	Print name		Title	 -	Date (month, day, year)



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		I. Report	l Information		
Development provider Caesars Riverboat Casino, dba Horseshoe Casino & Hotel		Legal name of person that prepared this report Bradley S. Seigel			Date submitted (month, day, year 02-13-2013
		II. Total	Amount		
Total amount of econom	nic development payments paid during report pe	eriod:	Continu	ued - Page 2 of 4	
Attach additional sheet	s if necessary)	III. Details of Ec	onomic Development P		
Name of Recipient	Address (number and street, city, state, ZIP code)	Telephone Number	Contact Person	Payment Date (month, day, year	Payment Amount (total must equal item II)
Harrison County Community Foundation	1523 Foundation Way NE, Corydon, IN 47112	(812) 738-6668	Steve Gilliland	8/8/2012	691,711.50
Harrison County Community Foundation	1523 Foundation Way NE, Corydon, IN 47112	(812) 738-6668	Steve Gilliland	9/10/2012	900,942.75
Harnson County Community Foundation	1523 Foundation Way NE, Corydon, IN 47112	(812) 738-6668	Steve Gilliland	10/10/2012	1,066,808.25
Harmson County Community Foundation	1523 Foundation Way NE, Corydon, IN 47112	(812) 738-6668	Steve Gilliland	11/9/2012	1,662,224.25
Harrison County Community Foundation	1523 Foundation Way NE, Corydon, IN 47112	(812) 738-6668	Steve Gilliland	12/10/2012	1,639,620.00
Horseshoe Foundation of Floyd County	33 Stale Street, Suite 344, New Albany IN 47150	(812 945-4332	Jerry Finn	1/9/2012	484,413.25
Horseshoe Foundation of Floyd County	33 State Street, Suite 344, New Albany IN 47150		Jerry Finn	2/9/2012	94,710.00
Under penalties of	porium. I doulous that I am a Compa	IV. Statement of			
accompanying doc	perjury, I declare that I am an officer of umentation and to the best of my knowle	the organization listed	d in section 1, and that	I have examined this	report and any
. , ,	in the court of th		rae, correct, and comple	o	
Brally S.	Bradley S. Seigel		Asst. General Manager/VP Fina	ance	2/13/2013
Signature (Print name		Title		Date (month, day, year)
Signature S	Bradley S. Seigel Print name				



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		I. Repor	t Information		
Development provider Caesars Riverboa	t Casino, dba Horseshoe Casino & Ho	Legal name of pers	on that prepared this report	Date submitted (month, day, year) 02-13-2013	
		II. Total	Amount		
Total amount of econon	nic development payments paid during report pe	riod:	Contin	ued - Page 3 of 4	
(Attach additional sheets	s if necessary)	III. Details of Ec	conomic Development F		
Name of Recipient	Address (number and street, city, state, ZIP code)	Telephone Number	Contact Person	Payment Date (month, day, year	Payment Amount (total must equal item II)
Horseshoe Foundation of Floyd County	33 State Street, Suite 344, New Albany IN 47150	(812) 945-4332	Jerry Finn	3/9/2012	122,696.50
Horseshoe Foundation of Floyd County	33 State Street, Suite 344, New Albany IN 47150	(812) 945-4332	Jerry Finn	4/10/2012	119,985.75
Horseshoe Foundation of Floyd County	33 State Street, Suite 344, New Albany IN 47150	(812) 945-4332	Jerry Finn	5/8/2012	117,553.50
Horseshoe Foundation of Floyd County	33 State Street, Suite 344, New Albany IN 47150	(812) 945-4332	Jerry Finn	6/8/2012	153,249.75
Horseshoe Foundation of Floyd County	33 State Street, Suite 344, New Albany IN 47150	(812) 945-4332	Jerry Finn	7/10/2012	169,619.50
Horseshoe Foundation of Floyd County	33 Stale Street, Suite 344, New Albany IN 47150	(812 945-4332	Jerry Finn	8/8/2012	230,570.50
Horseshoe Foundation of Floyd County	33 State Street, Suite 344, New Albany IN 47150		Jerry Finn	9/10/2012	300,314.25
Under penalties of accompanying docu	berjury, I declare that I am an officer of amentation and to the best of my knowled by Bradley S. Seigel Print name	IV. Statement the organization liste edge and belief, it is	ed in section 1, and that	ete.	2/13/2013 Date (month, day, year)



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Development provider Caesars Riverboa	t Casino, dba Horseshoe Casino & Ho	Legal name of person that prepared this report otel Bradley S. Seigel			Date submitted (month, day, year) 02-13-2013
		II. Total			02-13-2013
Total amount of econon	nic development payments paid during report pe	riod:	O #		
(Attach additional sheets	s if necessary.)	III. Details of Eco	onomic Development Pa	ed - Page 4 of 4	
Name of Recipient	Address (number and street, city, state, ZIP code)	Telephone Number	Contact Person	Payment Date (month, day, year	Payment Amount (total must equal item II)
Horseshoe Foundation of Floyd County	33 State Street, Suite 344, New Albany IN 47150	(812) 945-4332	Jerry Finn	10/10/2012	355,602.75
Horseshoe Foundation of Floyd County	33 State Street, Suite 344, New Albany IN 47150	(812) 945-4332	Jerry Finn	11/9/2012	554,074.75
Horseshoe Foundation of Floyd County	33 State Street, Suite 344, New Albany IN 47150	(812) 945-4332	Jerry Finn	12/10/2012	546,540.00
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		()			
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		IV. Statement of			
accompanying docu	perjury, I declare that I am an officer of umentation and to the best of my knowle	the organization listed the degree and belief, it is to	d in section I, and that I rue, correct, and comple	have examined this te.	report and any
Signature (Bradley S. Seigel Print name		Assl. General Manager/VP Finar		2/13/2013 Dale (month, day, year)