# U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

									Expiration Date: 11/30/2026							
SECTION A – TYPE OF REPORT  CONSOLIDATED REPORT																
		SECT	TON B	В – ЕМР	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID		SECTION B – EMPLOYER IDENTIFICATION EMPLOYER NAME														
HK65686	Caesars Entertainment Inc															
ADDRESS					CITY/TOWN							STATE ZIP CODE				
100 WEST LIBERTY STREET, 12th Floor						RENO						NV				
			T TOTTA													
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME																
HEADQUARTERS OR ESTABLISHM	ENTELLEVEL ADDRESS					CITY TOWN						STATE ZIP COI			NDE .	
HEADQUARTERS OR ESTABLISHM	ENT-LEVEL ADDRESS				CITY/TOWN						STATE ZIPCO		DDE			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 463657681																
SECTION E – EMPLOYER FILING ELIGIBILITY																
X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS																
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)																
Unique Entity ID (UEI): Not Applicable																
☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)																
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)																
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)																
SECTION G – NAICS INFORMATION																
721120 - Casino Hotels																
SECTION H - WORKFORCE DEMOGRAPHIC DATA																
							Race/E		-							
	Hispanic or Latino					Not Hispanic or Latino  Male F							emale			
or Latino				iviale					Female							
						~ <u>=</u>	_	S		_		r je	_	S		
				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row	
JOB CATEGORIES		<b>O</b>	4	fric	_	isi si	nerican Indian Alaska Native	2	4	o eri	_	aiia Isl	nerican Indian Alaska Native	8	Total	
	Male	Female	White	ck or Afric American	Asian	a w	드로	l or	White	Black or an Amer	Asian	awa	드로	lor.	10.0.	
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Executive/Senior Level Officials and Managers	3	0	63	2	3	0	0	4	24	0	0	0	0	0	99	
First/Mid-Level Officials and Managers	209	232	1239	168	140	14	8	74	802	196	155	14	9	57	3317	
Professionals Technicians	198 157	216 40	773 852	127 175	208 60	12	3 16	72 35	508 151	178 60	170 12	13 0	11 6	51 8	2540 1574	
Sales Workers	85	253	208	54	103	4	3	21	411	224	237	17	11	34	1665	
Administrative Support Workers	191	446	330	188	112	17	11	38	678	485	250	23	26	88	2883	
Craft Workers	306	41	636	122	66	12	15	25	33	19	14	0	0	0	1289	
Operatives	91 169	20 49	86 146	22 80	12 21	5	2	3 12	10 21	3 11	2 17	0 4	2	4	255 543	
Laborers and Helpers Service Workers	5380	5974	7129	3174	2669	181	112	517	5437	3789	3066	126	103	506	38163	
CURRENT 2023 REPORTING YEAR TOTAL	6789	7271	11462	4112	3394	251	170	801	8075	4965	3923	197	169	749	52328	
COMMENT EDES NEI ONTING TEAM TOTAL	0,00	1211	11402	7112	000-4	201	110	001	00.0	4000	0020	107	100	7-10	02020	
PRIOR 2022 REPORTING YEAR TOTAL	6952	7450	12390	4169	3689	327	274	609	9197	5302	4321	287	262	525	55754	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/8/2023 - 12/28/2023

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

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### SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

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CERTIFICATION COMMENTS (option

### No Certification Comments Provided

## CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

# DATE OF CERTIFICATION 6/3/2024 10:32 AM [EST]

EMBLOVED'S CEDTIEVING OFFICIAL

EMPLOYER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of Certifying Official						
Brittney Davis	Compensation Business Partner						
Email Address of Certifying Official	Telephone Number of Certifying Official						
bdavis7@caesars.com	702-324-9210						
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING							
Name of Primary POC	Title and Employer of Primary POC						
Derek Frost	VP of Financial Services						
	Caesars Entertainment						
Email Address of Primary POC	Telephone Number of Primary POC						
dfrost@caesars.com	702-216-4139						