TAB 22

Empl[illegible] Department of Labor
Office[illegible] Standards Administration
[illegible]or-Management Standards
Washington, DC 20210

FORM LM-2 LABOR ORG[illegible]IZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH $200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form [illegible]ved
Office of Management and Budget
No. 1215-0188
Expires: 07-31-2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only

E

US DOL ESA OLMS JAN 15 2004 LOS ANGELES RECEIVED

1. FILE NUMBER [redacted]

2. PERIOD COVERED

	MO	DAY	YEAR
From	0 1	0 1	2 0 0 1
Through	1 2	3 1	2 0 0 1

3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: ☐

(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: ☐

(c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: ☐

4. AFFILIATION OR ORGANIZATION NAME
JOCKEYS' GUILD, INC.

5. DESIGNATION *(Local, Lodge, etc.)*

6. DESIGNATION NUMBER

7. UNIT NAME *(if any)*
NATIONAL ORGANIZATION

8. MAILING ADDRESS

First Name: L WAYNE

Last Name: GERTMENIAN

P.O. Box · Building and Room Number *(if any)*: P. O. BOX 150

Number and Street:

City: MONROVIA

State: CA

ZIP Code + 4: 91017 – 0150

9. Are your organization's records kept at its mailing address? *(If "No," provide address in Item 75.)* Yes ☐ No ☒

75. ADDITIONAL INFORMATION

Item Number

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. *(See Section VI on penalties in the instructions.)*

76. SIGNED: [signature] PRESIDENT *(If other title, see instructions.)*

15 JAN 2004 Date — (626) 305 5605 Telephone Number

77. SIGNED: [signature] CONTROLLER, CFO *(If other title, see instructions.)*

15 JAN 2004 Date — (626) 305 5605 Telephone Number

RC 0505

ORGA[illegible]TION NAME:
JOC[illegible]YS' GUILD, INC.

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: [redacted]

TRUSTEE SIGNATURES

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. *(See Section VI on penalties in the instructions.)*

Trustee Sign: _____ TRUSTEE

_____ Date _____ Telephone Number

Trustee Sign: _____ TRUSTEE

_____ Date _____ Telephone Number

RC 0506

During the Reporting Period Did Your Organization:

	Yes	No
10. Have a "subsidiary organization" as defined in Section X of the instructions?	X	
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?	X	
12. Have a political action committee (PAC) fund?		X
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?		X
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	X	
15. Discover any loss or shortage of funds or other property? *(Answer "Yes" even if there has been repayment or recovery.)*		X
16. Have any officer who was paid $10,000 or more by your organization and also received $10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?		X
17. Liquidate or reduce any liabilities without disbursement of cash?		X

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? **1080**

19. What is the date of your organization's next regular election of officers? MO **12** YEAR **2002**

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? $ **5000000**

21. What are your organization's rates of dues and fees? *(Enter a minimum and maximum if more than one rate applies for any line.)*

Rates of Dues and Fees		
(a) Regular Dues/Fees	$ 100/5 OR 2	per YEAR/MOUNT *(Month, Year, etc.)*
(b) Initiation Fees	$ 100	
(c) Transfer Fees	$ N/A	
(d) Work Permits	$ N/A	per N/A *(Month, Year, etc.)*

	Yes	No
22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? *(If the constitution and bylaws or practices/procedures have changed, see the instructions.)*	X	
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?		X
24. Did your organization have any contingent liabilities at the end of the reporting period?		X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

RC 0507

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: [redacted]

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
ASSETS	25. Cash		904426	2123038
	26. Accounts Receivable		441763	367656
	27. Loans Receivable	1	0	0
	28. U.S. Treasury Securities		0	0
	29. Investments	2	2372086	1669093
	30. Fixed Assets	5	20456	10331
	31. Other Assets	3	96698	52013
	32. TOTAL ASSETS		3835429	4222131

	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
LIABILITIES	33. Accounts Payable		115438	764265
	34. Loans Payable	8	0	0
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	0	0
	37. TOTAL LIABILITIES		115438	764265
	38. NET ASSETS *(Item 32 less Item 37)*		3719991	3457866

RC 0508

STA. [illegible]NT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: [redacted]

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts In Dollars Only -- Do Not Enter Cents

CASH RECEIPTS Item	From SCH #	AMOUNT	CASH DISBURSEMENTS Item	From SCH #	AMOUNT
39. Dues		71736	56. To Officers	9	0
40. Per Capita Tax		0	57. To Employees	10	444703
41. Fees		0	58. Per Capita Tax		0
42. Fines		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments		1298627	60. Office & Administrative Expense	13	205914
44. Work Permits		0	61. Educational & Publicity Expense		0
45. Sale of Supplies		0	62. Professional Fees		0
46. Interest		102053	63. Benefits	11	3147777
47. Dividends		0	64. Contributions, Gifts & Grants	12	50
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	0	66. Direct Taxes		0
50. Loans Obtained	8	0	67. Withholding Taxes		0
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	0
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		0	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	2730161	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members		0
			73. Other Disbursements	15	666308
55. TOTAL RECEIPTS		4202577	74. TOTAL DISBURSEMENTS		4464752

RC 0509

FILE NUMBER: [redacted]

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded $250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages *(if any)*					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0

The totals from Line 6 are entered in..... Item 27 Column (A) ..... Item 69 ..... Item 51 ..... Item 75 with Explanation ..... Item 27 Column (B)

RC 0510

SCHEDULE 2 - INVESTMENTS
(OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	8 8 0 9 2 3
2. Total Book Value	1 6 6 9 0 9 3
3. List each marketable security which has a book value over $1,000 and exceeds 20% of Line 2.	
(a) None	0
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over $1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages *(if any)*	
7. Total of Lines 2 and 5	1 6 6 9 0 9 3

The total from Line 7 is entered in ..... Item 29, Column (B)

FILE NUMBER: [redacted]

SCHEDULE 3 - OTHER ASSETS

Description (A)	Book Value (B)
1. DEPOSIT WITH INSURANCE TRUST	3 4 3 9 9
2. PREPAID EXPENSES	1 6 6 1 4
3. OTHER	1 0 0 0
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	5 2 0 1 3

The total from Line 7 is entered in ..... Item 31, Column (B)

SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. None	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0

The total from Line 7 is entered in ..... Item 36, Column (D)

RC 0511

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: [redacted]

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land *(give location)*: None	0		0	0
2. Totals from additional pages *(if any)*				
3. Buildings *(give location)*: None	0	0	0	0
4. Totals from additional pages *(if any)*				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	139504	129173	10331	70000
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	139504	129173	10331	70000
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages *(if any)*				
6. Totals of Lines 1 through 5	0	0	0	0
	7. Less Reinvestments			0
	8. Net Sales			0
The total from Line 8 is entered in ..... Item 49				

RC 0512

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: [redacted]

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. None	0	0	0
2.			
3.			
4.			
5. Totals from additional pages *(if any)*			
6. Totals of Lines 1 through 5	0	0	0
	7. Less Reinvestments		0
	8. Net Purchases		0

The total from Line 8 is entered in ..... Item 68

SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages *(if any)*					
6. Totals of Lines 1 through 5	0	0	0	0	0

The total from Line 6 is entered in ..... Item 34 Column (C) ..... Item 50 ..... Item 70 ..... Item 75 with Explanation ..... Item 34 Column (D)

RC 0513

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: [redacted]

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements.) / (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. SWAN TOMEY CHAIRMAN	C	0	0	0	0	0
2. MC CARTHY MICHAEL VICE CHAIRMAN	C	0	0	0	0	0
3. MC CARRON CHRISTOPHE TREASURER	C	0	0	0	0	0
4. COLTON ROBERT SECRETARY	C	0	0	0	0	0
5. REYNOLDS LAWRENCE DIRECTOR	N	0	0	0	0	0
6. DAVIS ROBBIE DIRECTOR	N	0	0	0	0	0
7. SIBILLE RAY DIRECTOR	C	0	0	0	0	0
8. Totals from additional pages (if any)		0	0	0	0	0
9. Totals of Lines 1 through 8		0	0	0	0	0

10. Less Deductions: 0

11. Net Disbursements: 0

The total from Line 11 is entered in ..... Item 56

*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

RC 0514

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: [redacted]

(A) Name (List all employees who received more than $10,000 in total disbursements from your organization and any affiliates.) / (B) Position (Enter employee's job title.) / (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. BEECH JOHN MEMBER REP.	53772	0	10570	0	64342
2. BROOKS CHERYL OFFICE STAFF	15097	0	0	0	15097
3. DOOLEY CAROLYN OFFICE STAFF	17904	0	0	0	17904
4. GIOVANNI JOHN NATIONAL MANAGER	82333	0	0	0	82333
5. HAIRE DARRELL MEMBER REP.	50515	0	12229	0	62744
6. Totals from additional pages (if any)	202283	0	0	0	202283
7. Totals for all employees who, during the reporting period, received $10,000 or less in total disbursements from your organization and any affiliates	0	0	0	0	0
8. Totals of Lines 1 through 7	421904	0	22799	0	444703

9. Less Deductions	0
10. Net Disbursements	444703

The total from Line 10 is entered in ..... Item 57

RC 0515

SCHEDULE 11 - BENEFITS

FILE NUMBER: [redacted]

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH INSURANCE	INSURANCE COMPANY	2548895
2. DISABILITY BENEFITS	MEMBERS, SERV. PROVIDERS	598882
3.		
4.		
5. Total from additional pages (if any)	[redacted]	
6. Total of Lines 1 through 5		3147777

The total from Line 6 is entered in ..... Item 63

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. DONATION TO BGFOP #4	50
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	50

The total from Line 8 is entered in ..... Item 64

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT	72288
2. OFFICE SUPPLIES	14612
3. POSTAGE AND SHIPPING	12149
4. COMMISSIONS	11625
5. TELEPHONE	26901
6. COMPUTER SERVICES	30594
7. Total from additional pages (if any)	37745
8. Total of Lines 1 through 7	205914

The total from Line 8 is entered in ..... Item 60

RC 0516

FILE NUMBER: [redacted]

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. MEDIA RIGHTS REVENUES	1 8 6 6 2 9 6
2. STATE PROGRAM CONTRIBUTIONS	8 5 8 9 5 0
3. OTHER	4 9 1 5
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2 7 3 0 1 6 1

The total from Line 17 is entered in ..... Item 54

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. ADDITIONAL SUPPORTING SERVICES	4 0 2 4 0 3
2. REG AND PROMO OF RACING	2 6 3 9 0 5
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	6 6 6 3 0 8

The total from Line 17 is entered in ..... Item 73

RC 0517

ORGA[redacted]ION NAME:
JOC[redacted]S' GUILD, INC.

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: [redacted]

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name *(List all persons who held office during the reporting period even if they received no salary or other disbursements.)*	(B) Title *(Enter title of officer, such as PRESIDENT or TREASURER.)*	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
WILSON NICKY	DIRECTOR	C	0	0	0	0	0
DESORMEAUX KENT	DIRECTOR	N	0	0	0	0	0
BAILEY JERRY	DIRECTOR	P	0	0	0	0	0
DAY PATRICK	PRESIDENT	P	0	0	0	0	0
BLACK ANTHONY	TREASURER	P	0	0	0	0	0
MELANCON LARRY	DIRECTOR	P	0	0	0	0	0

RC 0518

ORGA[redacted]ION NAME:
JOC[redacted]S' GUILD, INC.

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: [redacted]

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
MOORE DAVID REGIONAL MANAGER	25891	0	0	0	25891
MOORE SHEVAWN OFFICE STAFF	16095	0	0	0	16095
SALCONE MATTHEW SPECIAL PROJECTS	15929	0	0	0	15929
SAUMELL LAZARO REGIONAL MANAGER	27418	0	0	0	27418
SOLOMONE MICHAEL REGIONAL MANAGER	34973	0	0	0	34973

RC 0519

ORGA[redacted]ON NAME:
JOCK[redacted]S' GUILD, INC.

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: [redacted]

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
WARD CAROL OFFICE MANAGER	31807	0	0	0	31807
WILLIS VICKIE OFFICE STAFF	12924	0	0	0	12924
BOURNIAS PETER REGIONAL MANAGER	37246	0	0	0	37246

RC 0520

ORGA[redacted]ON NAME:
JOCK[redacted]S' GUILD, INC.

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: [redacted]

SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE *(continued)*

Description (A)	Amount (B)
INSURANCE	21089
BOARD MEETING	13155
DUES AND FEES	3248
UTILITIES	253

RC 0521

ORGA[illegible]ON NAME:
JOCK[illegible]S' GUILD, INC.

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: [redacted]

75. ADDITIONAL INFORMATION

Item Number	
10	GUILD PRODUCTS, INC. P.O. BOX 150 MONROVIA, CA 91017 A FOR-PROFIT COMPANY FOR THE DISTRIBUTION OF JOCKEY RELATED ITEMS; CEASED SALES AS OF JUNE 15, 2001. METHOD (2) - COMPLETE A SEPARATE FORM LM-2 (OR FORM LM-3) FOR THE SUBSIDIARY ORGANIZATION AND FILE IT WITH THE LABOR ORGANIZATION'S FORM LM-2 (OR FORM LM-2). THE LM-2 REPORT (OR LM-3 REPORT) FOR THE SUBSIDIARY ORGANIZATION MUST BE IDENTIFIED BY ENTERING AN "X" IN THE BOX IN ITEM 3(C).

RC 0522

ORGANIZATION NAME:
JOCKEYS' GUILD, INC.

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: [redacted]

75. ADDITIONAL INFORMATION*(continued)*

Item Number	
11	DISABLED JOCKEYS FUND P.O. BOX 150 MONROVIA, CA 91017 FUND FOR THE DISBURSEMENT OF DISABILITY BENEFITS TO MEMBERS. METHOD (1) - CONSOLIDATE THE FINANCIAL INFORMATION FOR THE SUBSIDIARY ORGANIZATION(S) AND THE LABOR ORGANIZATION ON A SINGLE FORM LM-2 (OR FORM LM-3). JOCKEYS' GUILD, INC. HEALTH AND WELFARE FUND P.O. BOX 150 MONROVIA, CA 91017 TRUST TO HOLD HEALTH AND WELFARE BENEFIT MONIES. METHOD (1) - CONSOLIDATE THE FINANCIAL INFORMATION FOR THE SUBSIDIARY ORGANIZATION(S) AND THE LABOR ORGANIZATION ON A SINGLE FORM LM-2 (OR FORM LM-3).

RC 0523

ORGANIZATION NAME:
JOCKEYS' GUILD, INC.

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: [redacted]

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
9	JOCKEYS' GUILD, INC. 134 E CHESTNUT AVE. MONROVIA, CA 91016-3432

RC 0525

ORGA[illegible]TION NAME:
JOCK[illegible]S' GUILD, INC.

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: [redacted]

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
CR	A LAWSUIT IS PENDING TO OBTAIN DOCUMENTS FROM ARTHUR ANDERSON FOR FINANCIAL INFORMATION FOR THE YEAR ENDED 2000. THEREFORE, THE NUMBERS ARE ESTIMATED.

RC 0526

TAB 23

Emp[redacted] Department of Labor
[redacted] Standards Administration
Office [redacted]abor-Management Standards
Washington, DC 20210

FORM LM-2 LABOR ORG[redacted]IZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH $200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form [redacted]d
Office of Management and Budget
No. 1215-0188
Expires: 07-31-2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Official Use Only

US DOL ESA OLMS FEB 20 2004 LOS ANGELES RECEIVED

E

1. FILE NUMBER: [redacted]

2. PERIOD COVERED

	MO	DAY	YEAR
From	0 1	0 1	2 0 0 2
Through	1 2	3 1	2 0 0 2

3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: ☐
(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the Instructions and check here: ☐
(c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: ☐

4. AFFILIATION OR ORGANIZATION NAME
JOCKEYS' GUILD, INC.

5. DESIGNATION *(Local, Lodge, etc.)*

6. DESIGNATION NUMBER

7. UNIT NAME *(if any)*
NATIONAL ORGANIZATION

8. MAILING ADDRESS

First Name: L WAYNE

Last Name: GERTMENIAN

P.O. Box · Building and Room Number *(if any)*: P. O. BOX 150

Number and Street:

City: MONROVIA

State: CA

ZIP Code + 4: 91017 – 0150

9. Are your organization's records kept at its mailing address? *(If "No," provide address in Item 75.)* Yes ☐ No ☒

75. ADDITIONAL INFORMATION

Item Number	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. *(See Section VI on penalties in the Instructions.)*

76. SIGNED: L Wayne Gertmenian — PRESIDENT *(If other title, see instructions.)*
19 FEB 2004 — Date
(626) 305 5605 — Telephone Number

77. SIGNED: [signature] — CONTROLLER, CFO *(If other title, see instructions.)*
19 FEB 2004 — Date
(626) 305 5605 — Telephone Number

RC 0527

ORGA[redacted]TION NAME:
JOC[redacted]S' GUILD, INC.

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: [redacted]

TRUSTEE SIGNATURES

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. *(See Section VI on penalties in the instructions.)*

Trustee Sign: _____ TRUSTEE

_____ Date _____ Telephone Number

Trustee Sign: _____ TRUSTEE

_____ Date _____ Telephone Number

RC 0528

During the Reporting Period Did Your Organization:

	Yes	No
10. Have a "subsidiary organization" as defined in Section X of the instructions?	X	
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?	X	
12. Have a political action committee (PAC) fund?		X
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?		X
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	X	
15. Discover any loss or shortage of funds or other property? *(Answer "Yes" even if there has been repayment or recovery.)*		X
16. Have any officer who was paid $10,000 or more by your organization and also received $10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?		X
17. Liquidate or reduce any liabilities without disbursement of cash?		X

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? **1360**

19. What is the date of your organization's next regular election of officers? MO **12** YEAR **2003**

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? $ **5000000**

21. What are your organization's rates of dues and fees? *(Enter a minimum and maximum if more than one rate applies for any line.)*

	Rates of Dues and Fees	
(a) Regular Dues/Fees	$ 100/3	per YEAR/MOUNT *(Month, Year, etc.)*
(b) Initiation Fees	$ 100	
(c) Transfer Fees	$ N/A	
(d) Work Permits	$ N/A	per N/A *(Month, Year, etc.)*

	Yes	No
22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? *(If the constitution and bylaws or practices/procedures have changed, see the instructions.)*	X	
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?		X
24. Did your organization have any contingent liabilities at the end of the reporting period?		X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

RC 0529

STA[illegible]NT A - ASSETS AND LIABILITIES

FILE NUMBER: [redacted]

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
ASSETS	25. Cash		2123038	4161996
	26. Accounts Receivable		0	0
	27. Loans Receivable	1	0	0
	28. U.S. Treasury Securities		0	0
	29. Investments	2	1669093	1313208
	30. Fixed Assets	5	10331	1121
	31. Other Assets	3	47463	26399
	32. TOTAL ASSETS		3849925	5502724

	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
LIABILITIES	33. Accounts Payable		0	0
	34. Loans Payable	8	0	0
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	0	0
	37. TOTAL LIABILITIES		0	0
	38. NET ASSETS *(Item 32 less Item 37)*		3849925	5502724

RC 0530

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: [redacted]

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS Item	From SCH #	AMOUNT	CASH DISBURSEMENTS Item	From SCH #	AMOUNT
39. Dues		1150442	56. To Officers	9	59512
40. Per Capita Tax		0	57. To Employees	10	225557
41. Fees		0	58. Per Capita Tax		0
42. Fines		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments		1831731	60. Office & Administrative Expense	13	349905
44. Work Permits		0	61. Educational & Publicity Expense		0
45. Sale of Supplies		0	62. Professional Fees		0
46. Interest		89565	63. Benefits	11	3037527
47. Dividends		0	64. Contributions, Gifts & Grants	12	600
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	386159	66. Direct Taxes		0
50. Loans Obtained	8	0	67. Withholding Taxes		58189
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	0
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		0	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	3355979	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members		0
			73. Other Disbursements	15	1043628
55. TOTAL RECEIPTS		6813876	74. TOTAL DISBURSEMENTS		4774918

RC 0531

FILE NUMBER: [redacted]

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded $250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages *(if any)*					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0

The totals from Line 6 are entered in..... Item 27 Column (A) ..... Item 69 ..... Item 51 ..... Item 75 with Explanation ..... Item 27 Column (B)

RC 0532

SCHEDULE 2 - INVESTMENTS
(OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	8 8 0 9 2 3
2. Total Book Value	1 3 1 3 2 0 8
3. List each marketable security which has a book value over $1,000 and exceeds 20% of Line 2.	
(a) None	0
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over $1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages *(if any)*	
7. Total of Lines 2 and 5	1 3 1 3 2 0 8

The total from Line 7 is entered in ..... Item 29, Column (B)

FILE NUMBER: [redacted]

SCHEDULE 3 - OTHER ASSETS

Description (A)	Book Value (B)
1. DEPOSIT WITH INSURANCE TRUST	2 6 3 9 9
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2 6 3 9 9

The total from Line 7 is entered in..... Item 31, Column (B)

SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. None	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0

The total from Line 7 is entered in ..... Item 36, Column (D)

RC 0533

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: [redacted]

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land *(give location)*: None	0	[redacted]	0	0
2. Totals from additional pages *(if any)*				
3. Buildings *(give location)*: None	0	0	0	0
4. Totals from additional pages *(if any)*				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	139504	138383	1121	70000
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	139504	138383	1121	70000
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. CUSTODIED AT AMALGAMATED BANK	586983	586983	386159	386159
2.				
3.				
4.				
5. Totals from additional pages *(if any)*				
6. Totals of Lines 1 through 5	586983	586983	386159	386159
[redacted]	7. Less Reinvestments			0
	8. Net Sales			386159
The total from Line 8 is entered in ..... Item 49				

RC 0534

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: [redacted]

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. None	0	0	0
2.			
3.			
4.			
5. Totals from additional pages *(if any)*			
6. Totals of Lines 1 through 5	0	0	0
	7. Less Reinvestments		0
	8. Net Purchases		0

The total from Line 8 is entered in ..... Item 68

SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages *(if any)*					
6. Totals of Lines 1 through 5	0	0	0	0	0

The total from Line 6 is entered in ..... Item 34 Column (C) ..... Item 50 ..... Item 70 ..... Item 75 with Explanation ..... Item 34 Column (D)

RC 0535

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: [redacted]

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements.) / (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. GERTMENIAN L WAYNE PRESIDENT	C	75000	0	0	0	75000
2. SWAN TOMEY CHAIRMAN	C	0	0	0	0	0
3. DESORMEAUX KENT VICE CHAIRMAN	C	0	0	0	0	0
4. PANAS DEIRDRE SECRETARY	N	0	0	0	0	0
5. KING, JR. EDWIN TREASURER	N	0	0	0	0	0
6. CABASSA, JR. ABAD DIRECTOR	N	0	0	0	0	0
7. DAVIS ROBBIE DIRECTOR	C	0	0	0	0	0
8. Totals from additional pages (if any)		0	0	0	0	0
9. Totals of Lines 1 through 8		75000	0	0	0	75000

10. Less Deductions: 15488

11. Net Disbursements: 59512

The total from Line 11 is entered in ..... Item 56

*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

RC 0536

ORGA[redacted]N NAME:
JOCK[redacted]' GUILD, INC.

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: [redacted]

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name *(List all persons who held office during the reporting period even if they received no salary or other disbursements.)* / (B) Title *(Enter title of officer, such as PRESIDENT or TREASURER.)*	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
REYNOLDS LAWRENCE DIRECTOR`	C	0	0	0	0	0
SHEPHERD DAVID DIRECTOR	N	0	0	0	0	0
SIBILLE RAY DIRECTOR	C	0	0	0	0	0
MC CARTHY MICHAEL VICE CHAIRMAN	P	0	0	0	0	0
MC CARRON CHRISTOPHE TREASURER	P	0	0	0	0	0
COLTON ROBERT SECRETARY	P	0	0	0	0	0
WILSON NICKY DIRECTOR	P	0	0	0	0	0

RC 0537

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: [redacted]

(A) Name (List all employees who received more than $10,000 in total disbursements from your organization and any affiliates.) / (B) Position (Enter employee's job title.) / (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. BEECH JOHN MEMBER REP.	51248	0	26769	0	78017
2. FISS ALBERT VICE PRESIDENT	24000	0	7852	0	31852
3. HAIRE DARRELL MEMBER REP.	58863	0	20177	0	79040
4. PRESTON CARLY OFFICE MANAGER	28500	0	770	0	29270
5. RICHARDSON THOMAS SPECIAL PROJECTS	26750	0	6004	0	32754
6. Totals from additional pages (if any)	31708	0	7412	0	39120
7. Totals for all employees who, during the reporting period, received $10,000 or less in total disbursements from your organization and any affiliates	0	0	0	0	0
8. Totals of Lines 1 through 7	221069	0	68984	0	290053
			9. Less Deductions		64496
The total from Line 10 is entered in ..... Item 57			10. Net Disbursements		225557

RC 0538

ORGANIZATION NAME:
JOCKEYS' GUILD, INC.

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: [redacted]

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(If applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
SALCONE MATTHEW SPECIAL PROJECTS	18958	0	6900	0	25858
SOUTHIVONGNO ERIC SPECIAL PROJECTS	12750	0	512	0	13262

RC 0539

SCHEDULE 11 - BENEFITS

FILE NUMBER: [redacted]

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH INSURANCE	INSURANCE COMPANY, ADMIN	2 4 5 6 8 6 8
2. DISABILITY BENEFITS	MEMBERS, SERV. PROVIDERS	5 8 0 6 5 9
3.		
4.		
5. Total from additional pages (if any)	[redacted]	
6. Total of Lines 1 through 5		3 0 3 7 5 2 7

The total from Line 6 is entered in ..... Item 63

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. DONATION TO BGFOP #4	2 0 0
2. DONATION TO MD RACING MEDIA	4 0 0
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	6 0 0

The total from Line 8 is entered in ..... Item 64

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT	1 0 5 2 7 9
2. OFFICE SUPPLIES	4 9 7 8 8
3. POSTAGE AND SHIPPING	1 9 9 4 9
4. COMMISSIONS	1 7 5 4 8
5. TELEPHONE	4 2 8 8 2
6. COMPUTER SERVICES	8 5 4 0 6
7. Total from additional pages (if any)	2 9 0 5 3
8. Total of Lines 1 through 7	3 4 9 9 0 5

The total from Line 8 is entered in ..... Item 60

RC 0540

FILE NUMBER: [redacted]

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. MEDIA RIGHTS REVENUES	2 0 2 1 1 4 7
2. STATE PROGRAM CONTRIBUTIONS	1 3 3 4 8 3 2
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	3 3 5 5 9 7 9

The total from Line 17 is entered in ..... Item 54

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. ADDITIONAL SUPPORTING SERVICES	4 0 8 8 9 5
2. REG AND PROMO OF RACING	4 3 4 1 8 9
3. INVESTMENT LOSSES	2 0 0 5 4 4
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 0 4 3 6 2 8

The total from Line 17 is entered in ..... Item 73

RC 0541

ORGA[redacted]N NAME:
JOCKE[redacted]S' GUILD, INC.

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: [redacted]

SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE *(continued)*

Description (A)	Amount (B)
INSURANCE	9714
BOARD MEETING	12926
DUES AND FEES	5473
UTILITIES	940

RC 0542

ORGA[illegible]ON NAME:
JOCKEYS' GUILD, INC.

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: [redacted]

75. ADDITIONAL INFORMATION

Item Number	
9	JOCKEYS' GUILD, INC. 134 E. CHESTNUT AVE. MONROVIA, CA 91016-3432

RC 0543

ORGA[redacted]ON NAME:
JOC[redacted]S' GUILD, INC.

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: [redacted]

75. ADDITIONAL INFORMATION*(continued)*

Item Number	
10	GUILD PRODUCTS, INC. P.O. BOX 150 MONROVIA, CA 91017 A FOR-PROFIT COMPANY FOR THE DISTRIBUTION OF JOCKEY RELATED ITEMS; CEASED SALES AS OF JUNE 15, 2001.

RC 0544

ORGA[redacted]ON NAME:
JOCK[redacted]S' GUILD, INC.

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: [redacted]

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
11	DISABLED JOCKEYS FUND P.O. BOX 150 MONROVIA, CA 91017 FUND FOR THE DISBURSEMENT OF DISABILITY BENEFITS TO MEMBERS. METHOD (1) - CONSOLIDATE THE FINANCIAL INFORMATION FOR THE SUBSIDIARY ORGANIZATION(S) AND THE LABOR ORGANIZATION ON A SINGLE FORM LM-2 (OR FORM LM-3). JOCKEYS' GUILD, INC. HEALTH AND WELFARE FUND P.O. BOX 150 MONROVIA, CA 91017 TRUST TO HOLD HEALTH AND WELFARE BENEFIT MONIES. METHOD (1) - CONSOLIDATE THE FINANCIAL INFORMATION FOR THE SUBSIDIARY ORGANIZATION(S) AND THE LABOR ORGANIZATION ON A SINGLE FORM LM-2 (OR FORM LM-3).

RC 0545

ORGA[illegible]ON NAME:
JOCKEYS' GUILD, INC.

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: [redacted]

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
14	AUDIT PERFORMED BY OUTSIDE ACCOUNTANT PIAZZA, DONNELLY & MARLETTE, LLP 21707 HAWTHORNE BLVD, STE 301 TORRANCE, CA 90503

RC 0546