
TAB 32

JOCKEYS' GUILD, INC.
SCHEDULE OF DELAWARE JOCKEYS'

HEALTH AND WELFARE COSTS
SIX MONTHS ENDED JUNE 30, 2005

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PIAZZA, DONNELLY & MARLETTE
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

L. G. Marlette Jr., CPA
Scott J. Donnelly, CPA
Dana N. Piazza, CPA
Hank Parker, CPA

To the Board of Directors
Jockeys' Guild, Inc.

We have audited the accompanying schedule of Delaware Jockeys' Health and Welfare Costs, as defined in the Agreement dated September 29, 1998 between the Jockeys' Guild, Inc. and the Delaware Thoroughbred Racing Commission, for the six months ended June 30, 2005. This schedule is the responsibility of the management of Jockeys' Guild, Inc. Our responsibility is to express an opinion on this schedule based on our audit.

We conducted our audit of the schedule in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the schedule of Delaware Jockeys' Health and Welfare Costs is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the schedule. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall schedule presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the schedule of Delaware Jockeys' Health and Welfare Costs referred to above presents fairly, in all material respects, the Delaware Jockeys' Health and Welfare Costs for the six months ended June 30, 2005 in accordance with the terms of the Agreement referred to above.

This report is intended solely for the information and use of the board of directors and management of Jockey's Guild, Inc. and the Delaware Thoroughbred Racing Commission and should not be used for any other purpose or relied upon by any other party.

Torrance, California
August 23, 2005

JOCKEYS' GUILD, INC.
SCHEDULE OF DELAWARE JOCKEYS' HEALTH AND WELFARE COSTS
SIX MONTHS ENDED JUNE 30, 2005

Health, dental and vision self insurance costs	\$ 168,449
Life insurance costs	6,654
Disabled, injured and other health and welfare costs	4,614
Administrative costs	<u>15,256</u>
<hr/>	
Total health and welfare costs	194,973
Less health and welfare contributions from participants	<u>(27,160)</u>
Total costs eligible for reimbursement to Jockeys' Guild, Inc.	<u><u>\$ 167,813</u></u>

The accompanying notes are an integral part of this schedule.

See Independent Auditors' Report

JOCKEYS' GUILD, INC.
NOTES TO THE
SCHEDULE OF DELAWARE JOCKEYS' HEALTH AND WELFARE COSTS
SIX MONTHS ENDED JUNE 30, 2005

Note 1 - Contractor Description

Jockeys' Guild, Inc. (the "Guild") is a non-profit national collective bargaining organization for thoroughbred and quarter horse professional jockeys. Founded in 1940, the Guild promotes, protects, and serves the welfare and prestige of the American professional jockey community with integrity, equity, and justice.

Reincorporated in the State of Nevada in 2002, the Guild's membership has grown 109% since June 2001 to over 1,290 members as of June 2005. The Guild provides jockeys with united representation inside and outside of the racing industry and collective bargaining through legislative efforts, lobbying efforts, and employer negotiations.

The Guild provides jockeys the opportunity to participate in a Guild subsidized health, dental, prescription drug, and life insurance plan, weekly temporary disability payments, and a permanently disabled jockey program that includes disability payments and health insurance for the jockey and the jockey's immediate family for life.

The Guild represents the majority of jockeys who are licensed by the Delaware Thoroughbred Racing Commission (the "DTRC") and regularly ride in Delaware for the purpose of providing health and other welfare benefits to active, disabled, and retired jockeys. Pursuant to Title 29 Section 4815(b)(3)c and amended by Delaware House Bill No. 463, as amended by Senate Amendment No. 8 (the "Statute"), the Guild has been identified to have authority to administer the appropriated funds. The Guild entered into an agreement with the DTRC on September 29, 1998 (the "Agreements"). The Agreement requires the Guild provide, the DTRC, semi-annually, with an audited statement of amounts expended for health and welfare benefits.

Note 2 - Delaware Plan Description

In accordance with the provisions of Title 29 Section 4815(b)(3)c, the Guild administers the Delaware Health and Welfare Plan (the "Plan") as follows:

1. The State of Delaware has appropriated funds from video gaming revenues to subsidize the high cost of health and welfare programs for qualified Delaware jockeys and their families.
2. DTRC has established the Delaware Jockeys' Health and Welfare Benefit Fund (the "Fund"), a separate account in the department of Agriculture for the purpose of holding and expending all monies distributed pursuant to the Statute.

JOCKEYS' GUILD, INC.
NOTES TO THE
SCHEDULE OF DELAWARE JOCKEYS' HEALTH AND WELFARE COSTS
SIX MONTHS ENDED JUNE 30, 2005

Note 2 - Delaware Plan Description (Continued)

3. Funds are disbursed in the following six areas: health insurance coverage, life insurance coverage, weekly aid to temporarily disabled jockeys, monthly aid to permanently disabled jockeys, medical expenses for permanently disabled jockeys, and administrative costs incurred by the Guild.
4. The Guild shall be reimbursed an amount equal to the amounts expended to defray the cost of administration and the provision of health and welfare benefits to eligible jockeys.
5. The Guild may request reimbursement for administrative costs up to 20% of insurance costs (Note 5).
6. Jockeys are eligible for benefits under the Plan by meeting the following criteria. Qualifying jockeys must ride:
 - a. At least 50 mounts at Delaware Park in the previous or current year.
7. Participating jockeys who are not Guild Members shall pay \$500 annually to the Fund. The Guild shall pay \$500 annually per participating member to the Fund from its member dues.
8. Monthly Health and Welfare contributions from participants are:
 - a. Single \$70
 - b. With dependent \$140
 - c. Family \$190

Note 3 - The Jockeys' Guild Benefit Plan

ERISA Plan Name:	The Jockeys' Guild Benefit Plan
Type of Plan:	Group medical, group dental, and group life insurance
Name of the Plan Sponsor:	Jockeys' Guild, Inc.
Name of the Plan Administrator:	Jockeys' Guild, Inc.
Name of the Third Party Administrator:	P5 e. Health Services, Inc. ("P5")
IRS Number:	13-1922798
Plan Identification Number:	501

JOCKEYS' GUILD, INC.
NOTES TO THE
SCHEDULE OF DELAWARE JOCKEYS' HEALTH AND WELFARE COSTS
SIX MONTHS ENDED JUNE 30, 2005

Note 3 - The Jockeys' Guild Benefit Plan (Continued)

Providers:

Health/Medical Network:	Private Healthcare Systems, Inc. ("PHCS")
Dental Network:	Careington International Corporation
Prescription Network:	Express Scripts, Inc.
Stop Loss – Reinsurance Provider:	SYMETRA (Formerly Safeco) Corporation
Insurance Underwriting Consultant:	Marsh Risk and Insurance Services ("Marsh")

Note 4 - Organization and General

Pursuant to the Statute, the amount of money distributed annually to the Fund shall be a minimum of \$350,000 adjusted annually for inflation by Delaware Thoroughbred Racing Commission. The said monies allocated for the Fund shall be held and maintained in an account established in the Department of Agriculture and shall be administered by the Delaware Jockeys Health and Welfare Benefit Board (the "Board").

The Guild has developed reasonable and nondiscriminatory criteria for eligibility for the health and welfare benefits (Note 2, part 7). Delaware Jockeys who are not members of the Guild and who are currently on the Delaware Plan shall remain eligible for the health and welfare benefits available for Delaware Jockeys who are members of the Guild. The Guild has determined there were thirty-five (35) eligible jockeys based on agreement terms regarding prior mounts ridden in Delaware and the Delaware workers' compensation qualification standards for disabled jockey benefits.

Note 5 - Summary of Significant Accounting Policies

Use of Estimates - The preparation of this schedule in conformity with the terms of the Agreement requires management make estimates and assumptions that affect the reported costs and disclosures during the reporting period of the schedule. Actual results could differ from those estimates.

The Guild employs Marsh as a consultant to perform underwriting services and determine the health, dental, and vision self funded insurance premiums. Marsh estimates these premiums based on expected claims using a claims lag table, based on claims by Guild members, Guild members' claims experience activity over a rolling twelve-month period, estimated claims for the year, a medical reserve of 2.79 months, and a claims fluctuation standard of 5%. Guild management believes the methodologies employed by Marsh to be based on sound actuarial practices and consistent with insurance underwriting standards.

See Independent Auditors' Report

JOCKEYS' GUILD, INC.
NOTES TO THE
SCHEDULE OF DELWARE JOCKEYS' HEALTH AND WELFARE COSTS
SIX MONTHS ENDED JUNE 30, 2005

Note 5 - Summary of Significant Accounting Policies (Continued)

Basis of Accounting - The costs included on the Schedule of Delaware Jockeys' Health and Welfare Costs were recorded using the accrual basis of accounting.

Health and Welfare Benefits - These costs include the amount of health insurance premiums incurred by eligible participants who purchase personal insurance policies outside the Guild, and also includes eligible costs to be reimbursed to eligible participants participating in The Jockeys' Guild Benefit Plan. The following outlines the amount the Guild charges to each eligible participant:

Single	\$417.80 per month
With dependent	\$835.61 per month
Family	\$1,110.78 per month

Administrative Costs - The Guild is requesting reimbursement of \$15,256 or approximately 10% of benefit costs, for administrative costs.

TAB 33

JOCKEYS' GUILD, INC.

SCHEDULE OF CALIFORNIA JOCKEYS'

HEALTH AND WELFARE COSTS

TWELVE MONTHS ENDED DECEMBER 31, 2004

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PIAZZA, DONNELLY & MARLETTE
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

L. G. Marlette Jr., CPA
Scott J. Donnelly, CPA
Dana N. Piazza, CPA
Hank Parker, CPA

To the Board of Directors
Jockeys' Guild, Inc.

We have audited the accompanying schedule of California Jockeys' Health and Welfare Costs, as defined in the revised Agreement dated March 10 2004 between Jockeys' Guild, Inc. and the Thoroughbred Owners of California, Inc., for the twelve months ended December 31, 2004. This schedule is the responsibility of the management of Jockeys' Guild, Inc. Our responsibility is to express an opinion on this schedule based on our audit.

We conducted our audit of the schedule in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the schedule of California Jockeys' Health and Welfare Costs is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the schedule. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall schedule presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the schedule of California Jockeys' Health and Welfare Costs referred to above presents fairly, in all material respects, the California Jockeys' Health and Welfare Costs for the twelve months ended December 31, 2004 in accordance with the terms of the Agreement referred to above.

This report is intended solely for the information and use of the board of directors and management of Jockeys' Guild, Inc., the California Horse Racing Board, and the Thoroughbred Owners of California, Inc. and should not be used for any other purpose or relied upon by any other party.

Piazza, Donnelly, & Marlette

Torrance, California
March 5, 2005

JOCKEYS' GUILD, INC.
SCHEDULE OF CALIFORNIA JOCKEYS' HEALTH AND WELFARE COSTS
TWELVE MONTHS ENDED DECEMBER 31, 2004

Health, dental and vision self insurance premiums	\$ 882,666
Life insurance costs	41,163
Disabled, injured and other health and welfare costs	165,026
Administrative costs	<u>135,166</u>
<hr/>	
Total health and welfare costs	1,224,022
Less health and welfare contributions from participants	<u>(187,750)</u>
Total costs eligible for reimbursement to Jockeys' Guild, Inc.	1,036,272
Less net interim reimbursement at June 30, 2004	<u>(478,805)</u>
Total remaining costs eligible for reimbursement to Jockeys' Guild, Inc. at December 31, 2004	<u><u>\$ 557,467</u></u>

The accompanying notes are an integral part of this schedule.

See Independent Auditors' Report

JOCKEYS' GUILD, INC.
NOTES TO THE
SCHEDULE OF CALIFORNIA JOCKEYS' HEALTH AND WELFARE COSTS
TWELVE MONTHS ENDED DECEMBER 31, 2004

Note 1 - Contractor Description

Jockeys' Guild, Inc. (the "Guild") is a non-profit national collective bargaining organization for thoroughbred and quarter horse professional jockeys. Founded in 1940, the Guild promotes, protects, and serves the welfare and prestige of the American professional jockey community with integrity, equity, and justice.

Reincorporated in the State of Nevada in 2002, the Guild's membership has grown 107% since June 2001 to over 1,265 members as of December 2004. The Guild provides jockeys with united representation inside and outside of the racing industry and collective bargaining through legislative efforts, lobbying efforts, and employer negotiations.

The Guild provides jockeys the opportunity to participate in a Guild subsidized health, dental, prescription drug, and life insurance plan, weekly temporary disability payments, and a permanently disabled jockey program that includes disability payments and health insurance for the jockey and the jockey's immediate family for life.

The Guild represents the majority of jockeys who are licensed by the California Horse Racing Board (the "CHRB") and regularly ride in California for the purpose of providing health and other welfare benefits to active, disabled, and retired jockeys. Pursuant to California Business and Professions Code 19612.9 (the "Statute"), the Guild has been identified to have authority to administer appropriated funds.

The Guild entered into an amended contract with the CHRB on March 10, 2004 (the "Agreement"). The new Agreement expires June 30, 2006 and requires the Guild to provide an audited schedule of health & welfare costs within ninety (90) days of June 30 and one-hundred-twenty (120) days of December 31 of each year.

Note 2 - California Plan Description

In accordance with the provisions of the Statute and approval of the CHRB, the Guild administers the California Health and Welfare Plan (the "Plan") as follows:

1. The State of California has appropriated funds from unclaimed refunds to subsidize the high cost of health and welfare programs for qualified California jockeys and their families.
2. The Guild has established the Jockeys' Guild Health and Welfare Trust (the "Trust") for the purpose of holding and expending all monies distributed pursuant to the Statute.

JOCKEYS' GUILD, INC.
NOTES TO THE
SCHEDULE OF CALIFORNIA JOCKEYS' HEALTH AND WELFARE COSTS
TWELVE MONTHS ENDED DECEMBER 31, 2004

Note 2 - California Plan Description (Continued)

3. Funds are disbursed in the following six areas: health insurance coverage, life insurance coverage, weekly aid to temporarily disabled jockeys, monthly aid to permanently disabled jockeys, medical expenses for permanently disabled jockeys, and administrative costs incurred by the Guild.
4. The Guild shall be reimbursed an amount equal to the amounts expended to defray the cost of administration and the provision of health and welfare benefits to eligible jockeys.
5. The Guild may request reimbursement for administrative costs up to 15% of insurance costs (Note 5).
6. Should the expended amounts in a given period be less than that allocated in the Trust, the excess monies will be retained by the Trust for future disbursement.
7. Jockeys are eligible for benefits under the Plan by meeting the following criteria. Qualifying jockeys must ride:
 - a. 100 mounts nationwide
 - b. 50 of the mounts must be in California
8. Eligible jockeys who are not members of the Guild may participate in the plan.
9. Monthly Health and Welfare contributions from participants are:
 - a. Single \$80
 - b. With dependent \$160
 - c. Family \$210

Note 3 - The Jockeys' Guild Benefit Plan

ERISA Plan Name:	The Jockeys' Guild Benefit Plan
Type of Plan:	Group medical, group dental, and group life insurance
Name of the Plan Sponsor:	Jockeys' Guild, Inc.
Name of the Plan Administrator:	Jockeys' Guild, Inc.
Name of the Third Party Administrator:	P5 e. Health Services, Inc. ("P5")
IRS Number:	13-1922798
Plan Identification Number:	501

JOCKEYS' GUILD, INC.
NOTES TO THE
SCHEDULE OF CALIFORNIA JOCKEYS' HEALTH AND WELFARE COSTS
TWELVE MONTHS ENDED DECEMBER 31, 2004

Note 3 - The Jockeys' Guild Benefit Plan (Continued)

Providers:

Health/Medical Network:	Private Healthcare Systems, Inc. ("PHCS")
Dental Network:	Careington International Corporation
Prescription Network:	Express Scripts, Inc.
Stop Loss – Reinsurance Provider:	SYMETRA (formerly Safeco) Corporation
Insurance Underwriting Consultant:	Marsh Risk and Insurance Services ("Marsh")

Note 4 - Organization and General

Pursuant to the Statute, certain amounts shall be distributed to the organization that is responsible for negotiating purse agreements on behalf of the horsemen participating in the racing meeting (the TOC) for the purpose of negotiating an agreement with the responsible jockeys' organization (the Guild) to provide health and welfare benefits to California Jockeys. The amount of money distributed annually to the Guild, shall be held in trust and shall not exceed \$450,000; adjusted annually for inflation (the maximum amount last determined through June 30, 2003 by the CHRB, as adjusted for inflation, is \$1,016,000). The Guild has established a trust known as the Jockeys' Guild, Inc. Health and Welfare Trust (the Trust) for the purpose of holding and expending all monies distributed pursuant to the Statute.

The Guild has developed reasonable and nondiscriminatory criteria for eligibility for the health and welfare benefits (Note 2 part 7). California Jockeys who are not members of the Guild shall become and remain eligible for health and welfare benefits available for California Jockeys who are members of the Guild. The Guild has determined there were one-hundred-thirteen (113) eligible jockeys, based on agreement terms regarding prior mounts ridden in California and the California workers' compensation qualification standards for disabled jockey benefits.

JOCKEYS' GUILD, INC.
NOTES TO THE
SCHEDULE OF CALIFORNIA JOCKEYS' HEALTH AND WELFARE COSTS
TWELVE MONTHS ENDED DECEMBER 31, 2004

Note 5 - Summary of Significant Accounting Policies

Use of Estimates - The preparation of this schedule in conformity with the terms of the Agreement requires management to make estimates and assumptions that affect the reported costs and disclosures during the reporting period. Actual results could differ from those estimates.

The Guild employs Marsh as a consultant to perform underwriting services and determine the health, dental, and vision self funded insurance premiums. Marsh estimates these premiums based on expected claims using a claims lag table, based on claims by Guild members, Guild members' claims experience activity over a rolling twelve month period, estimated claims for the year, a medical reserve of 2.79 months, and a claims fluctuation standard of 5%. Guild management believes the methodologies employed by Marsh to be based on sound actuarial practices and consistent with insurance underwriting standards.

Basis of Accounting - The costs included on the Schedule of California Jockeys' Health and Welfare Costs were recorded using the accrual basis of accounting.

Health and Welfare Benefits - These costs include the amount of health insurance premiums incurred for eligible participants who purchase personal insurance policies outside the Guild, and also includes eligible costs to be reimbursed to eligible participants participating in The Jockeys' Guild Benefit Plan. The following outlines the amount the Guild charges for each eligible participant:

Single	\$348.20 per month
With dependent	\$696.34 per month
Family	\$925.65 per month

Administrative Costs - The Guild is requesting reimbursement for administrative costs of 15% of health and welfare benefits as permitted under the Agreement.

TAB 34

Robert E. Moe

Certified Public Accountant



THE JOCKEYS' GUILD

WELFARE BENEFITS PLAN

FORM 5500 ANNUAL RETURN/REPORT

December 31, 2003

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan
This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only
OMB Nos. 1210-0110
1210-0089

2003

This Form is Open to Public Inspection.

Part I Annual Report Identification Information

For the calendar plan year 2003 or fiscal plan year beginning _____ and ending _____

- A This return/report is for: (1) a multiemployer plan; (3) a multiple-employer plan; or
 (2) a single-employer plan (other than a multiple-employer plan); (4) a DFE (specify) _____
- B This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed for the plan;
 (2) an amended return/report; (4) a short plan year return/report (less than 12 months).
- C If the plan is a collectively-bargained plan, check here _____
- D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions)

Part II Basic Plan Information -- enter all requested information.

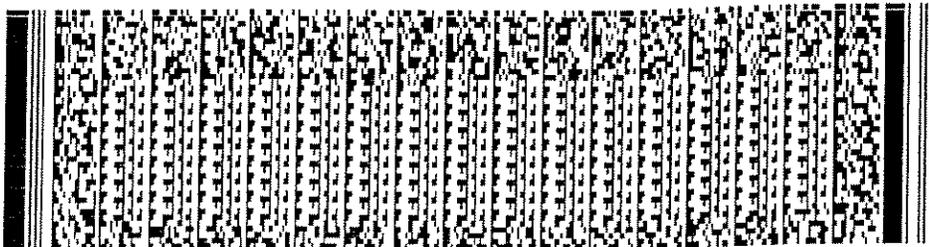
1a Name of plan THE JOCKEYS' GUILD WELFARE BENEFITS PLAN	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan (mo., day, yr.)	01/01/2000
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) JOCKEYS' GUILD, INC. P.O. BOX 150 MONROVIA CA 91017	2b Employer Identification Number (EIN)	13- [REDACTED]
	2c Sponsor's telephone number	626-305-5605
	2d Business code (see instructions)	813000
	[REDACTED]	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

SIGN HERE	COPY	_____	_____
		Signature of plan administrator	Date
SIGN HERE		_____	_____
		Signature of employer/plan sponsor/DFE	Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v6.1 Form 5500 (2003)



3a Plan administrator's name and address (If same as plan sponsor, enter "Same")
SAME

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

a Sponsor's name

b EIN

c PN

5 Preparer information (optional) a Name (including firm name, if applicable) and address
ROBERT E. MOE, CPA

b EIN

33- [REDACTED]

21791 LAKE FOREST DRIVE, SUITE 206

c Telephone number

LAKE FOREST

CA 92630

949-951-8860

6 Total number of participants at the beginning of the plan year 6 1233

7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)

a Active participants 7a 1116

b Retired or separated participants receiving benefits 7b 334

c Other retired or separated participants entitled to future benefits 7c 0

d Subtotal. Add lines 7a, 7b, and 7c 7d 1450

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits 7e

f Total. Add lines 7d and 7e 7f

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 7g

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 7h

i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500) 7i

8 Benefits provided under the plan (complete 8a and 8b as applicable)

a Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions):

b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

4A 4B 4D

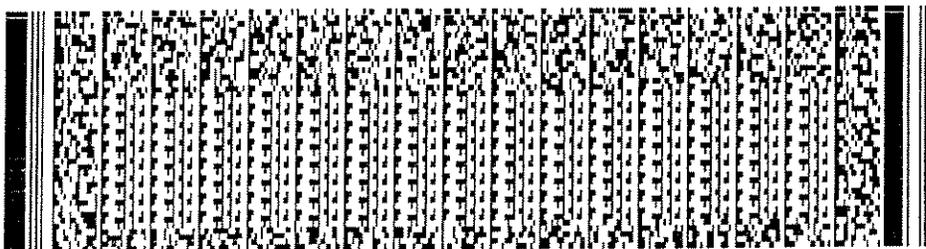
9a Plan funding arrangement (check all that apply)

- (1) Insurance
- (2) Code section 412(i) insurance contracts
- (3) Trust
- (4) General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) Insurance
- (2) Code section 412(i) insurance contracts
- (3) Trust
- (4) General assets of the sponsor

v6.1



10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

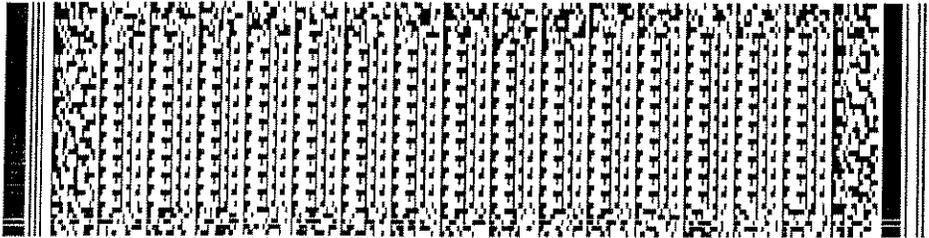
a Pension Benefit Schedules

- (1) R (Retirement Plan Information)
 - (2) T (Qualified Pension Plan Coverage Information)
- If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year _____
- (3) B (Actuarial Information)
 - (4) E (ESOP Annual Information)
 - (5) SSA (Separated Vested Participant Information)

b Financial Schedules

- (1) H (Financial Information)
- (2) I (Financial Information – Small Plan)
- (3) 1 A (Insurance Information)
- (4) C (Service Provider Information)
- (5) D (DFE/Participating Plan Information)
- (6) G (Financial Transaction Schedules)
- (7) P (Trust Fiduciary Information)

v6.1



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**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

► Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2003

This Form is Open to Public Inspection.

For calendar plan year 2003 or fiscal plan year beginning _____ and ending _____

A Name of plan THE JOCKEYS' GUILD WELFARE BENEFITS PLAN	B Three-digit plan number 501
C Plan sponsor's name as shown on line 2a of Form 5500 JOCKEYS' GUILD, INC.	D Employer Identification Number 13-██████████

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

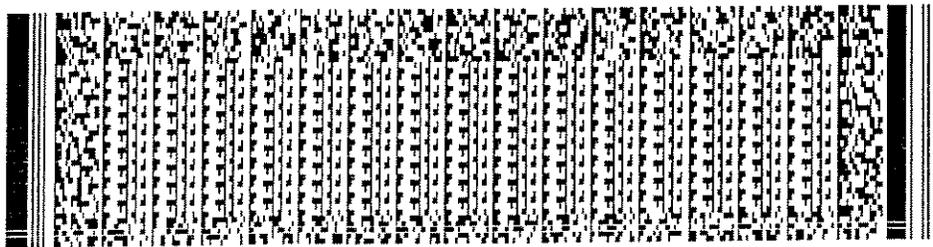
METROPOLITAN LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
██████████	██████████	██████████	2015	06/01/2002	05/31/2003

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals	
Total amount of commissions paid	Total fees paid / amount
15629	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500. v6.1 Schedule A (Form 5500) 2003



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

MARSH USA INC.
75 REMITTANCE DRIVE, SUITE 1441
CHICAGO IL 60675

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
15629			3

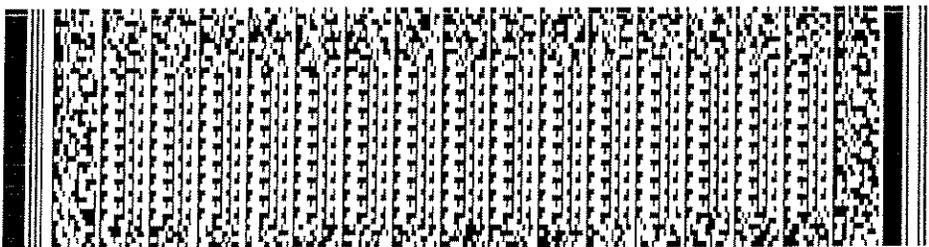
(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

v6.1



0 6 0 3 6 5 0 2 0 M

Part I Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3 Current value of plan's interest under this contract in the general account at year end

4 Current value of plan's interest under this contract in separate accounts at year end

5 Contracts With Allocated Funds

a State the basis of premium rates

b Premiums paid to carrier

c Premiums due but unpaid at the end of the year

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs

e Type of contract (1) individual policies (2) group deferred annuity (3) other (specify)

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here

6 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other (specify below)

b Balance at the end of the previous year

c Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below)

(6) Total additions

d Total of balance and additions (add b and c (6))

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

(2) Administration charge made by carrier

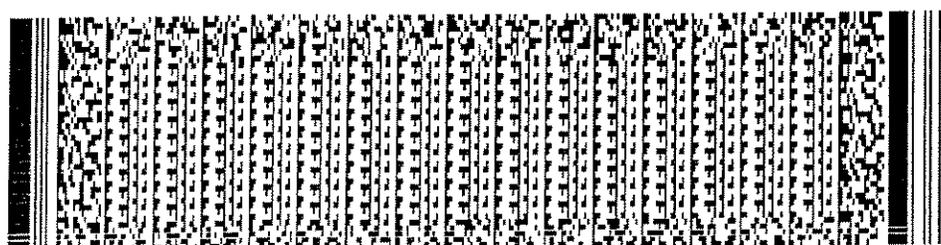
(3) Transferred to separate account

(4) Other (specify below)

(5) Total deductions

f Balance at the end of the current year (subtract e (5) from d)

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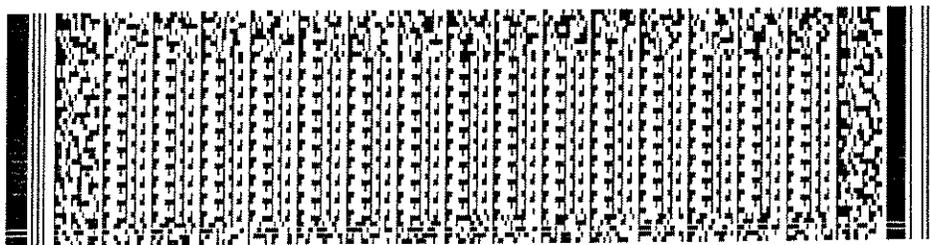
Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

- 7 Benefit and contract type (check all applicable boxes)
- | | | | |
|-------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> a Health (other than dental or vision) | <input type="checkbox"/> b Dental | <input type="checkbox"/> c Vision | <input checked="" type="checkbox"/> d Life Insurance |
| <input type="checkbox"/> e Temporary disability (accident and sickness) | <input type="checkbox"/> f Long-term disability | <input type="checkbox"/> g Supplemental unemployment | <input type="checkbox"/> h Prescription drug |
| <input type="checkbox"/> i Stop loss (large deductible) | <input type="checkbox"/> j HMO contract | <input type="checkbox"/> k PPO contract | <input type="checkbox"/> l Indemnity contract |
| <input type="checkbox"/> m Other (specify) ▶ | | | |

8 Experience-rated contracts		
a Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		
b Benefit charges: (1) Claims paid		
(2) Increase (decrease) in claim reserves		
(3) Incurred claims (add (1) and (2))		
(4) Claims charged		
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions		
(B) Administrative service or other fees		
(C) Other specific acquisition costs		
(D) Other expenses		
(E) Taxes		
(F) Charges for risks or other contingencies		
(G) Other retention charges		
(H) Total retention		
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		
9 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier		278540
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount		0
Specify nature of costs ▶		

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**SCHEDULE C
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

► File as an attachment to Form 5500.

Official Use Only
OMB No. 1210-0110
2003
This Form is Open to Public Inspection.

For calendar plan year 2003 or fiscal plan year beginning _____ and ending _____

A Name of plan
THE JOCKEYS' GUILD WELFARE BENEFITS PLAN

B Three-digit plan number ► 501

C Plan sponsor's name as shown on line 2a of Form 5500
JOCKEYS' GUILD, INC.

D Employer Identification Number [REDACTED]

Part 1 Service Provider Information (see instructions)

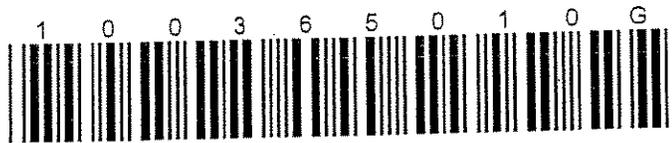
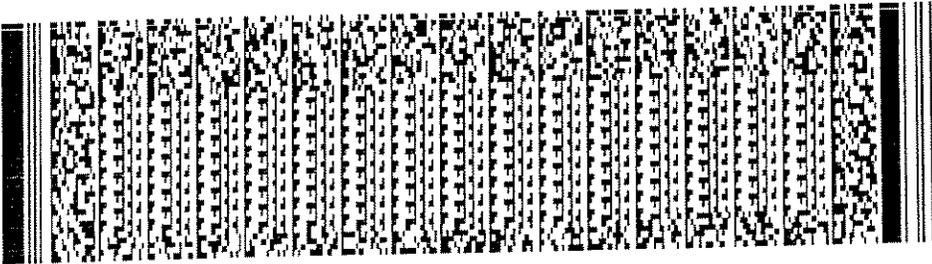
1 Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: **1** 134

2 On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
P5 E.HEALTH SERVICES	87- [REDACTED]	CONTRACT ADMINISTRATOR	NONE	0	192724	12

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
MARSH RISK & INSURANCE SERVICES	36- [REDACTED]	INSURANCE BROKER	NONE	0	67657	19

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v6.1 Schedule C (Form 5500) 2003

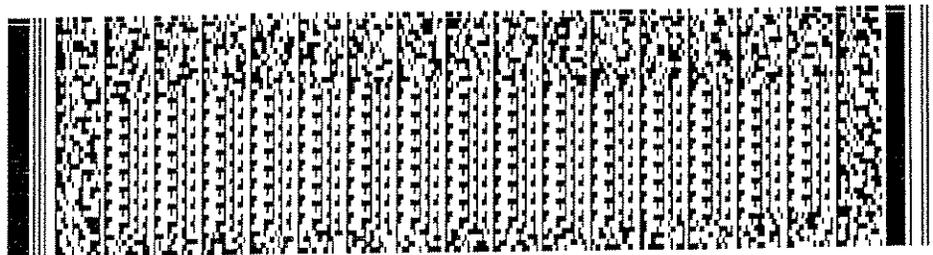


(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
JENNINGS & ASSOCIATES	36-██████████	INSURANCE BROKER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	67657	13

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
GLOBAL CLAIM SERVICES	87-██████████	ADMINISTRATION	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	9067	13

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
EXPRESS SCRIPTS	43-██████████	ADMINISTRATION	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	5107	13

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Part I Termination Information on Accountants and Enrolled Actuaries (see instructions)

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

(a) Name _____ (b) EIN _____

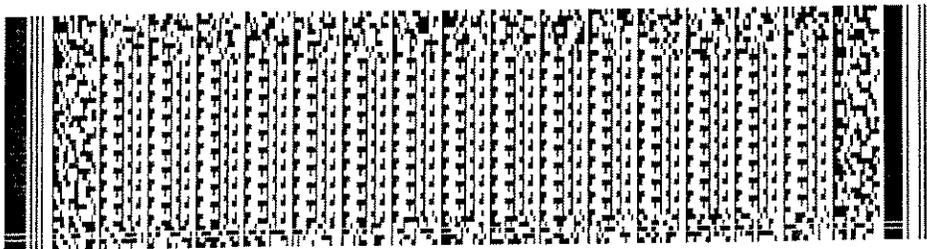
(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

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Form 5500, Box D – DFVC Filing

The Jockeys' Guild Welfare Benefits Plan
Form 5500 – December 31, 2003

13- [REDACTED]
Plan 501

Please note that this return is being filed under the DFVC program and the required penalties have been submitted to:

DFVC Program
EBSA
P.O. Box 530292
Atlanta, GA 30353-0292

Please accept our apologies for the additional handling required.