

MIDWEST TANK CARRIER CONFERENCE, INC. 1978

INTERSTATE
COMMERCE COMMISSION
RECEIVED

AUG 27 1979

Rate Bureaus and Organizations

ADMINISTRATIVE SERVICES

1978

MAIL UNIT

Date Due: March 31, 1979

ANNUAL REPORT FORM RBO

Approved by GAO

B-180230 (R0257)

Expires 5-31-82

Check one: Class I ☐
Class II ☒

ANNUAL REPORT TO THE
INTERSTATE COMMERCE COMMISSION

CORRECT NAME AND ADDRESS IF DIFFERENT THAN
SHOWN. (See instructions)

NAME AND ADDRESS OF REPORTING CARRIER (Attach
label from front cover on original copy in full on duplicate)

Norman R. Mack, Gen. Mgr.
Midwest Tank Carrier Conference, Inc.
2601 South Fifth Street
Springfield, IL 62703

FOLLOW ALL INSTRUCTIONS CAREFULLY

1. Remove the mailing label from the cover and attach the label to the top of page 1 of the report form to be filed. The mailing label should NOT be altered. If the name and address on the mailing label are incorrect, insert your correct name and address in the space provided to the left. The carrier mailing address is the company address where correspondence regarding accounting and reporting matters is to be directed, but not the address of an independent auditor or CAP.

2. All conferences, bureaus, committees, or other organizations, subject to Section 5a, or Section 5b (49 U.S.C. §1070f) Part I of the Interstate Commerce Act, are required to file annual report Form RBO. This Form for annual report should be filled out in triplicate and 2 copies, the original of which must be the copy containing the mailing label, returned to the Interstate Commerce Commission, Bureau of Accounts, Washington, D.C. 20423, by March 31 of the year following the year for which the report is made. One copy is to be retained for reference in case of correspondence relative to the report. Attention is directed to Section 5A, Part I of the Interstate Commerce Act.

3. Carrier rate-making organizations as described in instruction 2, above, are classified into two classes. Class I rate bureaus are those with annual operating revenues of \$100,000 or more. Class II rate bureaus are those with annual operating revenues of less than \$100,000. Class I rate bureaus shall file the full report, Annual Report Form RBO. Class II rate bureaus shall file only the carrier statistics (ITEMS 1-9) and certification (page 4) portions of the Annual Report Form RBO.

4. The instructions in this Form should be carefully observed, and each question should be answered fully and accurately. If any inquiry does not apply to the respondent, such fact should be shown on the inquiry by the words "Not applicable." Where the word "None" truly and completely states the fact, it should be given as the answer to any particular inquiry or any particular portion of any inquiry. Where dates are called for, the month and day should be stated, as well as the year. Customary abbreviations may be used in stating dates.

5. If it is necessary or desirable to insert additional statements, typewritten or other, in a report, they should be legibly made on durable paper, on sheets not larger than a page of the Form. The inserts should be securely bound in the report.

6. All entries must be made in permanent black ink. Those of a contrary and unusual character must be indicated by use of parentheses.

7. Throughout this report the Commission means the Interstate Commerce Commission, the respondent means the rate bureau or organization in whose behalf the report is made; the year ended December 31 for which the report is made; the close of the year means the close of business on December 31 of the year for which the report is made or, in case the report is made for a shorter period than one year, it means the close of the period covered by the report; the beginning of the year means the beginning of business on January 1 of the year for which the report is made or, in case the report is made for a shorter period than one year, it means the beginning of the period covered by the report.

8. Should there be doubt as to the reporting of a ty item or items or parts thereof, or advice is desired relative to the preparation of the report, address an inquiry to the Bureau of Accounts for consideration and decision.

1. Date organized, 3-18-70 If incorporated, give the name of State or States under whose laws the respondent was organized and the date of latest approved or amended agreement.

2. State form of business organization, i.e., corporation, association, etc. Association

Motor Carrier

3. State type of transport affiliation (railroad, motor carrier, water carrier, freight forwarder, etc.)

4. Give the names and office addresses of directors, if any, of the respondent at the close of the year.
J. E. Cook 7105 Kennedy, Hammond, IN

NAME	OFFICE ADDRESS
J. Edmier	1500 S. Cicero, Cicero, IL
K. L. Herman	2501 N. 11th, Omaha, NB
J. P. Kelly	611 S. 28th, Milwaukee, WI
W. A. Myllenbeck	1947 County Rd. C, St. Paul, MN

5. Give the names, title (if any), and office address of all general officers of the respondent at close of the year.

NAME	TITLE	OFFICE ADDRESS
J. P. Kelly	President	611 S. 28th, Milwaukee, WI
R. L. Herman	Vice President	2501 N. 11th, Omaha, NB
W. A. Myllenbeck	Secretary-Treasurer	1947 County Rd. C, St. Paul, MN

6. Give the list of members comprising the rate bureau or organization at end of the year and specifically name carriers added to or deleted from the membership over the past year.
See back cover

7. Status of proposals submitted during the year.

LINE NO.	ITEM	NUMBER PENDING BEGINNING OF YEAR	NUMBER RECEIVED DURING YEAR	NUMBER DISPOSED OF DURING YEAR
a.	Regulatory Proposals ^{1/}	0	14	14
b.	Emergency Proposals ^{1/}			
c.	Section 22 Proposals			
d.	Foreign Line Proposals ^{2/}			
e.	Single Line Proposals			
	TOTAL	0	14	14

8. Disposition of proposals during the year.

LINE NO.	ITEM	NUMBER	
a.	Number placed on public docket.....	14	
b.	Number not placed on public docket.....	0	
c.	Number of proposals pending more than 120 days.....	SEC	0
d.	Number referred to and disposed of by.....		14
e.	Adopted in part.....		0
f.	Rejected.....		0
g.	Withdrawn.....		0

^{1/} Including those submitted by respondent, member or concurring carrier, or shipper.

^{2/} Proposals submitted by non-member carriers or by other rate organization

9. Independent actions filed with respondent during the year.

LINE NO.	ITEM	NUMBER
a.	Number taken without filing of proposals.....	0
b.	Number taken after filing of regular or emergency proposals.....	0

10. BALANCE SHEET

LINE NO.	ITEM	BALANCE AT CLOSE OF YEAR	BALANCE AT BEGINNING OF YR.
ASSETS			
Current Assets			
1.	Cash.....	\$	\$
2.	Accounts Receivable.....		
3.	Less: Allowance for uncollectible accounts.....		
4.	Notes Receivable.....		
5.	Other Current Assets.....		
6.	Total Current Assets.....		
Fixed Assets			
7.	Total Fixed Assets (Net of \$_____ accumulated depreciation and amortization).....		
Other Assets			
8.	Total Other Assets.....		
9.	TOTAL ASSETS.....		
LIABILITIES AND EQUITY			
Current Liabilities			
10.	Notes Payable.....		
11.	Accounts Payable.....		
12.	Other Current and Accrued Liabilities.....		
13.	Total Current Liabilities.....		
Other Liabilities			
14.	Long Term Debt Due After One Year.....		
15.	Other Liabilities.....		
16.	Total Other Liabilities.....		
Equity			
17.	Membership Equity.....		
18.	TOTAL LIABILITIES AND EQUITY.....		

11. INCOME STATEMENT

State, in dollars only, the receipts and disbursements of the respondent for the year.

LINE NO.	ITEM	AMOUNT (Dollars Only)
	OPERATING REVENUES:	
1.	Membership Fees.....	\$
2.	Tariff Fees.....	
3.	Other Income (List individual items in excess of \$25,000).....	
4.		
5.		
6.	Total Operating Revenues.....	
	OPERATING EXPENSES:	
7.	Salaries and Wages.....	
8.	Employee Benefits.....	
9.	Payroll Taxes.....	
10.	Depreciation and Amortization.....	
11.	Property and Other Taxes.....	
12.	Other (List individual items in excess of \$25,000).....	
13.		
14.		
15.		
16.	Total Operating Expenses.....	
17.	Net Income.....	

12. Give the number of persons employed at the close of the year and the amount of compensation paid or payable to all employees during the year by the respondent, classified as indicated.

LINE NO.	CLASSIFICATION	NO. OF PERSONS EMPLOYED AT THE CLOSE OF YEAR	AMOUNT OF COMPENSATION
1.	Officers and Supervisors.....		\$
2.	All Other Employees.....		
3.	Total.....		
4.	Number of Employees Working With SRC.....		
5.	Number of Employees Working with GRC.....		

Name, title, telephone number and address of the person to be contacted concerning this report.

NAME Norman R. Mack TITLE General Manager

TELEPHONE NUMBER (Include Area Code) 217/753-1500

OFFICE ADDRESS (Street and number) 2601 South Fifth Street

(City, State and Zip Code) Springfield, IL 62703

CERTIFICATION

I, the undersigned Norman R. Mack

General Manager

Midwest Tank Carrier Conference, Inc.
of the Company

(Title of officer in charge of accounts)

(Full name of reporting company)

state that this report was prepared by me or under my supervision, that I have carefully examined it; and on the basis of my knowledge, belief and verification (where necessary) I declare it to be a full, true and correct statement and that the various items here reported were determined in accordance with effective rules promulgated by the Interstate Commerce Commission.

Date August 24, 19 79 Signature Norman R. Mack

REMARKS

This report was not timely filed because we did not receive this form until August 3, 1979. We finally received this form as a result of my two letters dated March 21, 1979 and July 26, 1979.

This space is for the use of the Interstate Commerce Commission only.

NOT FOR PUBLIC INSPECTION

12. Give the name, position, salary, and other compensation, such as bonus, commission, gift, reward, or fee, of each of the five principal officers to whom the respondent paid the largest amount during the year covered by this report as compensation for current or past service over and above necessary expenses incurred in discharge of duties, and in addition, all other officers, directors, pensioners or employees, if any, to whom the respondent similarly paid \$40,000, or more.

LINE NO.	NAME OF PERSON (a)	TITLE (b)	SALARY PER ANNUM AS OF CLOSE OF YEAR (c)	OTHER COMPENSATION DURING YEAR (d)
1.				
2.				
3.				
4.				
5.				
6.				
7.				

NAME OF RESPONDENT _____

THIS ITEM IS AN INTEGRAL PART OF ANNUAL REPORT FORM R50