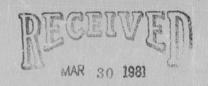
TOBACCO TRANSPORTERS ASSOCIATION RB-030005

RB030005



ICC - P.O. 2040

Rate Bureaus and Organizations

1980

Date Due: March 31, 1981

ANNUAL REPORT FORM RBO

Approved by GAO B-180230 (R0257) Expires 5-31-82

Check one: Class I

Class II [XX]

ANNUAL REPORT TO THE INTERSTATE COMMERCE COMMISSION

ORIGINAL

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

RBO 30005 (141322)

Tobacco Transporters Association P. O. Box 24038 Richmond, VA 23224

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

RBO 30005 (141322)

Tobacco Transporters Association P. O. Box 4038 Richmond, VA 23224

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 111145 (49 U.S.C. §10706) Part I of the Interstate Commerce Act, are required to file annual report Form R.BO. 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, P.O. Box 2040, Rockville Pike Station, Rockville, MD. 20852, 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 11145. 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 or, 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 any 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.

	ose laws the respondent was or	gantzea and the				
N	/A					
2. Sta	ate form of business organizat	ion, i.e., corpo	ration, assoc	iation, etc. Asso	ociation	
3. Sta	ate type of transport affiliat	ion (railroad, mo	otor carrier,	water exprier, freig	ght forwarder	, etc.)
4. Giv	ve the names and office address	ses of directors	, if anv, of	the respondent at the	e close of the	e year.
	NAME			OFFICE ADDRES	SS	
n	ot applicable		not	applicable		
	ve the names, title (if any), the year.	and office addre	ss of all ger	neral officers of the	respondent a	t close
	NAME	TI	TLE	OFF	ICE ADDRESS	
	Hall C	hairman		PO Box 24		chmond.
C						
		st Vice Ch		IPO Box 11	1306. Dur	ham, N
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INE NO.	ITEM	A	NUMBER
a.	Number taken without filing of proposals		0
b	Number taken after filing of regular or emergency proposals	-2-2-4-2-2-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	0
O. BALA	ANCE SHEET		
INE NO.	ITEM	BALANCE AT CLOSE	BALANCE AT
TIVE IVO.		OF YEAR	BEGINNING OF YR.
	ASSETS		
	Current Assets See	Appendix B	- Attached
1	Cash	\$	\$
2.	Accounts Receivable		
3.	Less: Allowance for uncollectible accounts		
5.	Other Current Assets		
6.	Total Current Assets		
	Fixed Assets		
7	Total Fixed Assets (Net of \$accumulated		
7.	depreciation and amortization)		
	acpi do la		
	Other Assets		
6.	Total Other Assets		
9.	TOTAL ASSETS		
	LIABILITIES AND EQUITY		
	Current Liabilities		The state of the s
10.	Notes Payable		-
11.	Accounts Payable		+
12.	Other Current and Accrued Liabilities		
13.	Total current Elabrication		
	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		

LINE NO.	Number taken without filing of proposals		NUMBER
b.	Number taken after filing of regular or emergency proposals		0
10. BALA	NCE SHEET		
LINE NO.	ITEM	BALANCE AT CLOSE OF YEAR	BALANCE AT BEGINNING OF YR.
	ASSETS		
7.	Current Assets See	Appendix B	Attached
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		
٥.	Total Other Assets	66	
9.	TOTAL ASSETS		
	LIABILITIES AND EQUITY		
	Current Liabilities		
10.	Notes Payable		
11.	Accounts Payable		
13.	Total Current Liabilities		
	Other Liabilities		
15.	Long Term Debt Due After One Year Other Liabilities		
16.	Total Other Liabilities		
17	Equity		
17.	Membership Equity		

11. INCOME STATEMENT

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

LINE NO.	See Appendix B Attached	(Dollars Only)
	OPERATING DEVENUES.	
1.	Membership Fees	\$
2. 3.	Tariff Fees	
4. 5.		
6.	Total Operating Revenues	
	OPERATING EXPENSES:	
7.	Salaries and Wages	
8.	Employee Benefits	
9.	Daywoll Tayor	
10.	Depreciation and Amortization	
11.	Property and Other Taxes	
12.	Other (List individual items in excess of \$25,000)	
13.		
14.		
15.		+
16. 17.	Total Operating Expenses 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.	Officer's and Supervisors	N/A N/A	\$ N/A N/A
3.	Total Number of Employees Working With SRC	N/A N/A	N/A N/A N/A
5.	Number of Employees Working with GRC	N/A	I N/A

AMEHarvie A. Cart	er TITLE Treasurer
ELEPHONE NUMBER (Include Area C	ode) (804) 233-8347
FICE ADDRESS (Street and numbe	P. O. Box 24038
Sity, State and Lip Code)	Richmond, Virginia 23224
	CERTIFICATION
, the undersignedF	arvie A. Carter,
Treasurer	of the Tobacco Transporters Associat
tate that this report was prepa n the basis of my knowledge, be nd correct statement and that t	red by me or under my supervision, that I have carefully examined it; and lief and verification (where necessary) I declare it to be a full, true he various items here reported were determined in accordance with effective ate Commerce Commission.
tate that this report was prepared to the basis of my knowledge, beind correct statement and that the trules promulgated by the Interst	red by me or under my supervision, that I have carefully examined it; and lief and verification (where necessary) I declare it to be a full, true he various items here reported were determined in accordance with effective
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NOT FOR PUBLIC INSPECTION

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. 13.

Not applicable -- All serve without pay

	The state of the s		SALARY PER	OTHER	
LINE NO.	NAME OF PERSON	TITLE	ANNUM AS OF CLOSE OF YEAR	COMPENSATION DURING YEAR	
	3	(<u>a</u>)	(0)	(b)	
	(6)				-
1					
2					
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4					
5					
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NAN	NAME OF RESPONDENT				
THE RESERVED TO SERVED TO					į

THIS ITEM IS AN INTEGRAL PART OF ANNUAL REPORT FORM RBO

March 27, 1981

Tobacco Transporters Association Members and Tobacco Rate Committee Members. Carriers listed only.

Barnett Truck Line

d Blair Transit Company

m Burton Lines, Inc.

m Cargocare Transportation Co., Inc.

m Crewe Transfer, Inc.

m Epes Transport System, Incorporated Fleming, J. Clint, Incorporated

m Forbes Transfer

A. E. Grimes Trucking

d D. O. Hopkins Trucking Mercer Brothers

m North State Motor Lines

m Oliver Trucking Company

m Pitt County Transportation Co.
Rogers Trucking, Înc.
Aaron Smith Trucking Co.
Smith Transfer

M Vance Trucking Co., Inc. Yeary Transfer Company

d Deletions in 1980 (Due to ceasing operations)

m Members of Tobacco Rate Committee

TREASURER'S REPORT as of January 31, 1981

Balance on Hand - Jan. 1, 1980		\$ 892.85
Income thru Jan. 31, 1981 1980 Dues - 18 members @ \$132.00 1980 Extra Dues - 17 members @ \$132.00 Sale of Tariffs Credit from NCMCA on Computer Charges Special Assessment for Social Hour (3/20/80) 1981 Dues - 15 members @ \$264.00 Special Assessment for Legal Fee for Increase Hearing for NCMCA 8 Series (13 of 16 paid)	\$2,376.00 2,244.00 3,257.00 175.00 2,630.00 3,960.00 2,485.83	
Total Income		17,127.83
Expenses thru Jan. 31, 1981 Social Hour on March 20, 1980 Refund Overpayment on Social Hour (Burton) Refund on Postage for Social Hour (N. State) C. B. Guthrie Tariff Bureau Meeting Room & Lunch on March 21, 1980 Henry Strause (Computer Printout of Rates for Tariffs 200 & 8) NCMCA Expense on Ex-3 (Running & Mailing) NCMCA Filing Fee - NCMCA 8 Series Holiday Inn, Richmond, VA (Expenses for room for L. E. Forrest, Consultant) L. E. Forrest Expenses for Service Rendered 2/12/80 thru 6/6/80 Virginia Stationery (supplies) Litton Office Supply (supplies on NC Tariff justification) Copy Cat (punching holes for binding NC justification) Epes Transport System (Xerox printing for Dkt. T-825, Sub. 259) Legal Expense - Fuel Surcharge, Dkt. T-825, Sub. 248) Legal Expense - Fuel Surcharge & B & B Lines Protest Legal Expense - Rate Case, Dkt. T-825, Sub. 259	1,921.95 100.00 25.00 3,798.27 213.13 550.00 32.00 500.00 157.24 885.61 21.17 4.06 6.24 36.48 1,162.61 862.83 3,154.55	
Total Expenses		13,431.14
Balance on Hand - Jan. 31, 1981		\$ 4,589.54
21 3001		

Prepared January 31, 1981 Presented February 4, 1981