

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRETARY OF THE
02 JUL 25 AM 10:

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name Associated Wire Rope Fabricators			
2. Address <input type="checkbox"/> Check if different than previously reported 201 West 5th, Suite 501, Tulsa, OK 74103			
3. Principal Place of Business (if different from line 2) City: etBethlehem State/Zip (or Country) PA 18017			
4. Contact Name J. Barry Epperson		Telephone (918) 585-5641	E-mail (optional)
7. Client Name <input checked="" type="checkbox"/> Self			5. Senate ID # 4835-12
			6. House ID # 3152400

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇒ Termination Date _____

11. No Lobbying Activities

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description of method.</p> <p><input type="checkbox"/> *Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> *Method B. Reporting amounts under section 6013(b)(2) Internal Revenue Code</p> <p><input type="checkbox"/> *Method C. Reporting amounts under section 162(e)(2)(B) Internal Revenue Code</p>
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*See IRS Form 990 for Calendar Year 2001 Attached

Signature _____

Registrant Name Associated Wire Rope Fabricators Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code LBR (one per page)

16. Specific lobbying issues

Management of work-related musculoskeletal disorders (Ergonomics).

Promulgation of modernized sling safety standards.

17. House(s) of Congress and Federal agencies contacted

Check if None

- House
- Senate
- OSHA
- SBA
- OMB (OIRA)

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
J. Barry Epperson	General Counsel and Chairman, Government Affairs Committee
.....
.....
.....
.....
.....
.....
.....
.....

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature _____ Date _____

Associated Wire
Registrant Name Rope Fabricators Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the r engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

H.R. 2315; H.R. 2653; S.1052

Limitations on employee/patient's right to sue employer in federal and state courts; nonprofit associations' rights to facilitate the provision of health care packages to members and their employees.

17. House(s) of Congress and Federal agencies contacted Check if None

House
Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
J. Barry Epperson	General Counsel and Chairman, Government Affairs Commit
.....
.....
.....
.....
.....
.....
.....

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Registrant Name Associated Wire Rope Fabricators Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code TOR (one per page)

16. Specific lobbying issues

Statute of Repose for products manufactured over eighteen years ago.

17. House(s) of Congress and Federal agencies contacted Check if None

House
Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
J. Barry Epperson	General Counsel and Chairman, Government Affairs Committee

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Registrant Name Associated Wire Rope Fabricators Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code TRA (one per page)

16. Specific lobbying issues

S. 1178; H.R. 2299

17. House(s) of Congress and Federal agencies contacted Check if None

House
Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
J. Barry Epperson	General Counsel and Chairman, Government Affairs Committee

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Registrant Name Associated Wire Rope Fabricators Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code TRD (one per page)

16. Specific lobbying issues

Recognition of lifting, rigging and load securement industry in North American Industrial Code.

17. House(s) of Congress and Federal agencies contacted Check if None

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
J. Barry Epperson	General Counsel and Chairman, Government Affairs Committee

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature J. Barry Epperson Date July 12, 2011

MEG HOLLAND PC, CPA
100 BRODHEAD ROAD, SUITE 200
BETHLEHEM, PA 18017
(610) 691-8393

May 14, 2002

Associated Wire Rope Fabricators
Post Office Box 20126
Lehigh Valley, PA 18002-0126

Dear Client:

Enclosed is your 2001 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page six. No tax is payable with the filing of this return. Mail your Federal return on or before May 15, 2002 to:

INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Enclosed is your 2001 Federal Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. There is a balance due of \$1,369 payable by May 15, 2002. Mail your Federal return on or before May 15, 2002 to:

INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Deposit the 990-T tax when due, along with a Federal Tax Deposit Coupon (Form 8109), to a bank qualified as a depository for Federal taxes.

Please be sure to call us if you have any questions.

Sincerely,

Meg Holland

COPY

Meg Holland PC, CPA
100 Brodhead Road, Suite 200
Bethlehem, PA 18017
(610) 691-8393

Client /
May 14

Associated Wire Rope Fabricators
Post Office Box 20126
Lehigh Valley, PA 18002-0126
610-974-9974

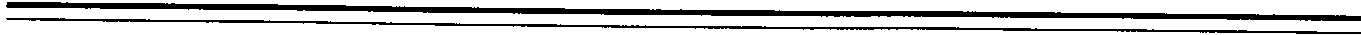
FEDERAL FORMS

Form 990
Form 990-T

2001 Return of Organization Exempt from Income Tax
2001 Exempt Organization Business Income Tax Return

FEE SUMMARY

Preparation Fee



2001

Federal Exempt Organization Tax Summary

Associated Wire Rope Fabricators

	2001	2000
REVENUE		
Program service revenue.....	238,660	245,895
Membership dues and assessments.....	285,511	304,279
Interest on savings/temp cash invest.	26,325	14,636
Other revenue..	7,713	5,962
Total revenue..	558,209	570,772
EXPENSES		
Program services.....	326,956	221,586
Management and general..	315,814	243,323
Total expenses..	642,770	464,909
NET ASSETS OR FUND BALANCES		
Excess or (deficit) for the year.....	-84,561	105,863
Net assets/fund bal. at beg. of year.	488,524	382,661
Net assets/fund bal. at end of year..	403,963	488,524



2001

Federal Unrelated Business Income Tax Summary

Associated Wire Rope Fabricators

	2001	2000
REVENUE		
Total revenue..	0	0
DEDUCTIONS		
Total deductions..	0	0
UNRELATED BUSINESS TAXABLE INCOME		
Unrelated business taxable income..	0	0
TAX COMPUTATION		
Income tax..	0	0
Proxy tax..	1,369	1,140
Net tax..	1,369	1,140
PAYMENTS AND CREDITS		
Total payments and credits..	0	0
REFUND OR AMOUNT DUE		
Tax due.....	1,369	1,140
Overpayment..	0	0



2001

General Information

Associated Wire Rope Fabricators

Forms needed for this return

Federal: 990, 990-T

Tax Rates

Unrelated Business

Marginal Eff

Federal

0. %



Return of Organization Exempt from Income Tax

Under Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2001 calendar year, or tax year beginning , 2001, and ending , 20

B Check if applicable: [] Address change [] Name change [] Initial return [] Final return [] Amended return [] Application pending
Please use IRS label or print or type. See specific instructions.
Associated Wire Rope Fabricators
Post Office Box 20126
Lehigh Valley, PA 18002-0126
D Employer Identification 74-1878195
E Telephone number 610-974-997
F Accounting method: [X] Other (specify)

H and I are not applicable to Section 527 organization
H (a) Is this a group return for affiliates? []
H (b) If 'yes,' enter number of affiliates
H (c) Are all affiliates included? [] (If 'no,' attach a list. See instructions.)
H (d) Is this a separate return filed by an organization covered by a group ruling? []

G Web site: N/A

J Organization type (check only one) [X] 501(c) 6 (insert no.) [] 4947(a)(1) or [] 527

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.
I Enter 4-digit group GEN

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. 558,209
M Check [X] if the organization is not to attach Schedule B (Form 990, 990-EZ,

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 17 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income; 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses.

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Table with 4 rows and 4 columns. Rows include: 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

Part IV Balance Sheets (See instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		E
ASSETS	45 Cash -- non-interest-bearing		45	
	46 Savings and temporary cash investments	406,351.	46	
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments -- securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments -- land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
	56 Investments -- other (attach schedule)		82,173.	56
	57a Land, buildings, and equipment: basis	57a		
	b Less: accumulated depreciation (attach schedule)	57b	57c	
	58 Other assets (describe <input type="checkbox"/>)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)		488,524.	59	
LIABILITIES	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities (add lines 60 through 65)		0.	66	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		136,115.	67
	68 Temporarily restricted		285,473.	68
	69 Permanently restricted		66,936.	69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)		488,524.	73
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)		488,524.	74

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a par organization. How the public perceives an organization in such cases may be determined by the information presented on its ret please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplish

BAA

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements	a	558,209.
b Amounts included on line a but not on line 12, Form 990:		
(1) Net unrealized gains on investments . . . \$		
(2) Donated services and use of facilities . . . \$		
(3) Recoveries of prior year grants \$		
(4) Other (specify):		
----- \$		
Add amounts on lines (1) through (4)	b	
c Line a minus line b	c	558,209.
d Amounts included on line 12, Form 990 but not on line a :		
(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify):		
----- \$		
Add amounts on lines (1) and (2)	d	
e Total revenue per line 12, Form 990 (line c plus line d)	e	558,209.

a Total expenses and losses per audited financial statements	a	
b Amounts included on line a but not on line 17, Form 990:		
(1) Donated services and use of facilities . . . \$		
(2) Prior year adjustments reported on line 20, Form 990 . . . \$		
(3) Losses reported on line 20, Form 990 . . . \$		
(4) Other (specify):		
----- \$		
Add amounts on lines (1) through (4)	b	
c Line a minus line b	c	
d Amounts included on line 17, Form 990 but not on line a :		
(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify):		
----- \$		
Add amounts on lines (1) and (2)	d	
e Total expenses per line 17, Form 990 (line c plus line d)	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) account all
See Statement 2		0.	0.	

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Part VI Other Information (See specific instructions.)

- 76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.
- 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.
- 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If 'Yes,' has it filed a tax return on Form 990-T for this year?
- 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.

- 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? b If 'Yes,' enter the name of the organization N/A and check whether it is exempt or nonexempt.

- 81a Enter direct or indirect political expenditures. See line 81 instructions. 81a 0. b Did the organization file Form 1120-POL for this year?

- 82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A

- 83a Did the organization comply with the public inspection requirements for returns and exemption applications? b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

- 84a Did the organization solicit any contributions or gifts that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

- 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.

c Dues, assessments, and similar amounts from members.	85c	285,511.
d Section 162(e) lobbying and political expenditures.	85d	3,911.
e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices.	85e	0.
f Taxable amount of lobbying and political expenditures (line 85d less 85e).	85f	3,911.

- g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f? h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?

- 86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12. 86a N/A

- b Gross receipts, included on line 12, for public use of club facilities. 86b N/A

- 87 501(c)(12) organizations. Enter: a Gross income from members or shareholders. 87a N/A b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A

- 88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.

- 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: Section 4911 N/A ; Section 4912 N/A ; Section 4955 N/A

- b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.

- c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958.
- d Enter: Amount of tax on line 89c, above, reimbursed by the organization.

- 90a List the states with which a copy of this return is filed None b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)

- 91 The books are in care of Donald Sayenga Telephone number 610-974-9974 Located at P.O. Box 20126 Lehigh Valley, PA ZIP + 4 18002-

- 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 92

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Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		Rela fun
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Advertising Revenue					
b Convention Revenue					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Miscellaneous					
c Scholarship Fund Cont					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	See Statement 3

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E)
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of Officer: _____ Date: _____

Treasurer: _____
Type or Print Name and Title

Paid Preparer's Use Only

Preparer's Signature: **Meg Holland** Date: _____

Firm's name (or yours if self-employed) and address: **Meg Holland PC, CPA**
100 Brodhead Road, Suite 200

Check if self-employed: Preparer's SSN or General Instruct: **196-42-7**

EIN: **31-1763403**

COPY

2001

Federal Statements

Associated Wire Rope Fabricators

Statement 1
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	Fun
Committee	122,160.		122,160.	
Contingency Expenses	6,000.		6,000.	
Director Plaques	372.		372.	
Insurance	4,318.		4,318.	
Management Services	75,000.		75,000.	
Misc Office Expense	982.		982.	
Total	<u>\$ 208,832.</u>	<u>\$ 0.</u>	<u>\$ 208,832.</u>	<u>\$</u>

Statement 2
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	A
Knut Buschman, Unirope Ltd 3070 Universal Dr. Mississauga Ontario, Canada, L4X 2C8	President varies	\$ 0.	\$ 0.	\$
Kathy Petrick, Samsel Supply C 1285 Old River Road Cleveland, OH 44113	Vice President varies	0.	0.	
James Fletcher, American Sling 6400 Airport Freeway Fort Worth, TX 76117-5324	Secretary varies	0.	0.	
Frank Joost, Carpenter Rigging 222 Napoleon St San Francisco, CA 94124	Treasurer varies	0.	0.	
	Total	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$</u>

Statement 3
Form 990, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes

COPY

Line #	Explanation of Activities
93b	Enables members the legal exchange of ideas, technical data, discussio industry conditions, etc.
93a	Underwrites cost of newsletters and other technical mailings provided members only, for the exempt purposes as stated, etc.
94	Underwrites general & administrative expenses of exempt organization



2001

Federal Statements

Associated Wire Rope Fabricators

Statement 3 (continued)
Form 990, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes

<u>Line #</u>	<u>Explanation of Activities</u>
103b	Miscellaneous revenue from various sources, generally insignificant in amount
103c	Scholarship fund contributions that underwrites the cost of contingenc expenses which is four scholarship grants for education purposes for children of the employees of member companies.

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For calendar year 2001 or other tax year beginning 2001, and ending

Block A: Check box if address changed. Block B: Exempt under Section 501(c)(6). Block C: Book Value of All Assets at End of Year 403,963. Block D: Employer I instructions 74-18. Block E: New Unrel Activity Co instructions.

Block F: Group exemption number. Block G: Check organization type. X 501(c) corporation. 501(c) trust. 401(a) trust.

H Describe the organization's primary unrelated business activity.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If 'Yes,' enter the name and identifying number of the parent corporation.

J The books are in care of: Donald Sayenga Telephone number 610-97.

Table with 4 columns: Description, (A) Income, (B) Expenses, and Total. Rows include Gross receipts or sales, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Income (loss) from partnerships and S corporations, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents from controlled organizations, Investment income, Exploited exempt activity income, Advertising income, Other income, and Total (combine lines 3 through 12).

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 2 columns: Description and Line Number. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Bad debts; Interest; Taxes and licenses; Charitable contributions; Depreciation; Less depreciation claimed on Schedule A and elsewhere on return; Depletion; Contributions to deferred compensation plans; Employee benefit programs; Excess exempt expenses; Excess readership costs; Other deductions; Total deductions; Unrelated business taxable income before net operating loss deduction; Net operating loss deduction; Unrelated business taxable income before specific deduction; Specific deduction; and Unrelated business taxable income.

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BAA For Paperwork Reduction Act Notice, see instructions.

For

TEEA0205L 01/02/02

Part III Tax Computation

35 Organizations Taxable as Corporations (see instructions for tax computation)
Controlled group members (Sections 1561 and 1563) - check here [] . See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ [] (2) \$ [] (3) \$ []
b Enter organization's share of: (1) additional 5% tax (not more than \$11,750) . \$ []
(2) additional 3% tax (not more than \$100,000) . \$ []
c Income tax on the amount on line 34 35c
36 Trusts Taxable at Trust Rates (see instructions for tax computation) Income tax on the amount
on line 34 from: [] Tax rate schedule or [] Schedule D (Form 1041) 36
37 Proxy tax (see instructions) See Statement 1 37
38 Alternative minimum tax 38
39 Total (add lines 37 and 38 to line 35c or 36, whichever applies) 39

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
b Other credits (see instructions) 40b
c General business credit - Check here and indicate which forms are attached:
[] Form 3800 [] Form(s) (specify) ▶ 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
e Total credits (add lines 40a through 40d) 40e
41 Subtract line 40e from line 39 41
42 Other taxes. Check if from: [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8866
[] Other (attach schedule) 42
43 Total tax (add lines 41 and 42) 43
44 Payments: a 2000 overpayment credited to 2001 44a
b 2001 estimated tax payments 44b
c Tax deposited with Form 8868 44c
d Foreign organizations - Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Other credits and payments (see instructions) 44f
45 Total payments (add lines 44a through 44f) 45
46 Estimated tax penalty (see instructions). Check [] if Form 2220 is attached 46
47 Tax due - If line 45 is less than the total of lines 43 and 46, enter amount owed 47
48 Overpayment - If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48
49 Enter the amount of line 48 you want: Credited to 2002 estimated tax ▶ Refunded ▶ 49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

- 1 At any time during the 2001 calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If 'Yes,' the organization may have to file Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country here
▶
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
If 'Yes,' see the instructions for other forms the organization may have to file.
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.

Schedule A - Cost of Goods Sold (see instructions)

Method of inventory valuation (specify) ▶
1 Inventory at beginning of year 1
2 Purchases 2
3 Cost of labor 3
4a Additional Section 263A costs (attach schedule) 4a
b Other costs (attach sch) 4b
5 Total - Add lines 1 through 4b 5
6 Inventory at end of year 6
7 Cost of goods sold. Subtract line 6 from line 5. (Enter here and on line 2, Part I.) 7
8 Do the rules of Section 263A (with respect to property produced or acquired for resale) apply to the organization?

Sign Here
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, this return and the accompanying schedules and statements are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature of Officer Date Treasurer Title
Preparer's Signature Meg Holland Date
Firm's Name (or yours, if self-employed) Address, and ZIP Code Meg Holland PC, CPA 100 Brodhead Road, Suite 200 Bethlehem, PA 18017
Check if self-employed [X] Preparer's SSN 196-42-
EIN 31-1763403
Phone Number (610) 6

Schedule C – Rent Income (from Real Property and Personal Property Leased with Real Property) (SI)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3 Deductions directly connected with the income in columns (a) and (b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total		Total
Total income (Add totals of columns 2(a) and 2(b). Enter here and on line 6, column (A), Part I, page 1.)		Total deductions. Enter here and on line 6, column (B), Part I, page 1.

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocated (column 7 divided by column 6)
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on line 7, column (A), Part I, page 1	Enter here and on line 7, column (B), Part I, page 1
Total dividends-received deductions included in column 8				

Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations				
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions connected with the income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions connected with the income in column 9
(1)						
(2)						
(3)						
(4)						

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Add columns 5 and 10. Enter here and on line 8, column (A). Add columns 6 and 11. Enter here and on line 8, column (B).

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (See instructions.)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total dividend set-aside plus
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on line 9, column (A), Part I, page 1.			Enter here column p

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (See instructions.)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5
(1)					
(2)					
(3)					
(4)					
Column totals	Enter here and on line 10, column (A), Part I, page 1.	Enter here and on line 10, column (B), Part I, page 1.			

Schedule J – Advertising Income (See instructions.)

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7	5 Circulation income	6 Readership costs
(1)					
(2)					
(3)					
(4)					
Column totals (carry to Part II, line (5))					

Part II Income from Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in column 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7	5 Circulation income	6 Readership costs	7
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
	Enter here and on line 11, column (A), Part I, page 1.	Enter here and on line 11, column (B), Part I, page 1.				
Column totals, Part II						

Schedule K – Compensation of Officers, Directors, and Trustees (See instructions.)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation to unrelated

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Federal Statements

Associated Wire Rope Fabricators

Statement 1
Form 990-T, Part III, Line 37
Proxy Tax

- 1. Total dues, assessments, etc. received.. \$
- 2. Lobbying expenses paid or incurred..
- 3. Lesser of lines 1 or 2.....
- 4. Total nondeductible amount of dues notices.....
- 5. Taxable amount of lobbying expenses (line 3 minus line 4).
- 6. Proxy tax rate.....
- 7. Proxy tax (multiply line 5 by line 6).. \$

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2001

Federal Supplemental Information

Associated Wire Rope Fabricators

Form 990
Part II line 43b

Contingency Expenses

The Contingency Expenses shown on this line (\$6,000) consisted of four grants of \$1,500 as an aid to education of the children of employees of member companies.

Part IV line 56
Investments

The Scholarship Fund is primarily retained in certificate of deposits. The value of the fund held in a certificate of deposits 12/31/01 was \$79,941.

The Special Reserve Fund is primarily retained in certificates of deposits. The value of the fund held in certificate of deposits at 12/31/01 was \$ 23,930.

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