

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 SENATE  
03 JUL 23 AM 11:27

# 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: Bethlehem State/Zip (or Country) PA 18017			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
J. Barry Epperson	(918) 585-5641		4835-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID #
		3152400	

TYPE OF REPORT 8. Year 2003 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

**12. Lobbying Firms**

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more  ⇨ \$ \_\_\_\_\_  
Income (nearest \$20,000)

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).

**13. Organizations**

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000

\$10,000 or more  ⇨ \$ \_\_\_\_\_  
Expenses (nearest \$20,000)

**14. REPORTING METHOD.** Check box to indicate accounting method. See instructions for description of method.

\*Method A. Reporting amounts using LDA definition of lobbying

\*Method B. Reporting amounts under section 6011 Internal Revenue Code

\*Method C. Reporting amounts under section 162 Internal Revenue Code

Signature \_\_\_\_\_

Printed Name and Title J. Barry Epperson, General Counsel, Chairman, Government Affairs

LD-2 (REV. 6/98)

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 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 Commit
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title J. Barry Epperson, General Counsel, Chairman, Government Affairs

Form LD-2 (Rev 6/98)

Page

Registrant Name Associated Wire Rope Fabricators Client Name Self

00000231005

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

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

16. Specific lobbying issues

H.R. 660; S.545

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 Commi.
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title J. Barry Epperson, General Counsel, Chairman, Government Affairs

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Page 6



Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title J. Barry Epperson, General Counsel, Chairman, Government Affairs

Form LD-2 (Rev 6/98)

Page

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 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 TAX (one per page)

16. Specific lobbying issues

H.R. 1313:

Restoration of income tax deduction for travel expenses of a taxpayer's spouse for business travel.

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 Commi
.....	.....
.....	.....
.....	.....
.....	.....
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.....	.....
.....	.....

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title J. Barry Epperson, General Counsel, Chairman, Government Affai

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 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

U.S. Census Bureau

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 Commi

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

Signature J. Barry Epperson Date July 11  
Printed Name and Title J. Barry Epperson, General Counsel, Chairman, Government Affairs

Form **990-T**

**Exempt Organization Business  
Income Tax Return** (and proxy tax under Section 6033(e))

For calendar year 2002 or other tax year beginning \_\_\_\_\_ 2002,  
and ending \_\_\_\_\_

▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

OME

<b>A</b> <input type="checkbox"/> Check box if address changed	<b>Please Print or Type</b>	Associated Wire Rope Fabricators Post Office Box 20126 Lehigh Valley, PA 18002-0126	<b>D</b> Employer i (Employees instructions) 74-18
<b>B</b> Exempt under Section <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a) <input type="checkbox"/> 530(a)			<b>E</b> New unrelated activity for Block E
<b>C</b> Book value of all assets at end of year 455,006.	<b>F</b> Group exemption number (see instructions for Block F) ▶	<b>G</b> Check organization type: <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 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-

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses
1 a Gross receipts or sales			
b Less returns and allowances	c Balance ▶	1 c	
2 Cost of goods sold (Schedule A, line 7)		2	
3 Gross profit (subtract line 2 from line 1c)		3	
4 a Capital gain net income (attach Schedule D)		4 a	
b Net gain (loss) (Form 4797, Part II, line 18) (attach Form 4797)		4 b	
c Capital loss deduction for trusts		4 c	
5 Income (loss) from partnerships and S corporations (attach statement)		5	
6 Rent income (Schedule C)		6	
7 Unrelated debt-financed income (Schedule E)		7	
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8	
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)		9	
10 Exploited exempt activity income (Schedule I)		10	
11 Advertising income (Schedule J)		11	
12 Other income (see instructions - attach schedule)		12	
13 Total (combine lines 3 through 12)		13 0.	0.

**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.)

14 Compensation of officers, directors, and trustees (Schedule K)	14
15 Salaries and wages	15
16 Repairs and maintenance	16
17 Bad debts	17
18 Interest (attach schedule)	18
19 Taxes and licenses	19
20 Charitable contributions (see instructions for limitation rules)	20
21 Depreciation (attach Form 4562)	21
22 Less depreciation claimed on Schedule A and elsewhere on return	22 a
23 Depletion	23
24 Contributions to deferred compensation plans	24
25 Employee benefit programs	25
26 Excess exempt expenses (Schedule I)	26
27 Excess readership costs (Schedule J)	27
28 Other deductions (attach schedule)	28
29 Total deductions (add lines 14 through 28)	29
30 Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13)	30
31 Net operating loss deduction	31

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32	Unrelated business taxable income before specific deduction (subtract line 31 from line 30) . . . . .	32	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . .	33	
34	<b>Unrelated business taxable income</b> (subtract line 33 from line 32). If line 33 is greater than line 32, enter the smaller of zero or line 32. . . . .	34	

**BAA** For Paperwork Reduction Act Notice, see instructions.

TEEA0205L 08/12/02

For

**Part III Tax Computation**

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

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . . . . . ▶ <b>40a</b>	
<b>b</b> Other credits (see instructions) . . . . . ▶ <b>40b</b>	
<b>c</b> General business credit – Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) ▶ _____ ▶ <b>40c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) . . . . . ▶ <b>40d</b>	
<b>e</b> Total credits (add lines 40a through 40d) . . . . . ▶ <b>40e</b>	
<b>41</b> Subtract line 40e from line 39 . . . . . ▶ <b>41</b>	
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) . . . . . ▶ <b>42</b>	
<b>43</b> Total tax (add lines 41 and 42) . . . . . ▶ <b>43</b>	
<b>44</b> Payments: <b>a</b> 2001 overpayment credited to 2002 . . . . . ▶ <b>44a</b>	
<b>b</b> 2002 estimated tax payments . . . . . ▶ <b>44b</b>	
<b>c</b> Tax deposited with Form 8868 . . . . . ▶ <b>44c</b>	
<b>d</b> Foreign organizations – Tax paid or withheld at source (see instructions) . . . . . ▶ <b>44d</b>	
<b>e</b> Backup withholding (see instructions) . . . . . ▶ <b>44e</b>	
<b>f</b> Other credits and payments (see instructions) . . . . . ▶ <b>44f</b>	
<b>45</b> Total payments (add lines 44a through 44f) . . . . . ▶ <b>45</b>	
<b>46</b> Estimated tax penalty (see instructions). Check <input type="checkbox"/> if Form 2220 is attached . . . . . ▶ <b>46</b>	
<b>47</b> Tax due – If line 45 is less than the total of lines 43 and 46, enter amount owed . . . . . ▶ <b>47</b>	
<b>48</b> Overpayment – If line 45 is larger than the total of lines 43 and 46, enter amount overpaid . . . . . ▶ <b>48</b>	
<b>49</b> Enter the amount of line 48 you want: Credited to 2003 estimated tax ▶ <b>49</b> Refunded ▶ <b>49</b>	

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

- At any time during the 2002 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  
▶ \_\_\_\_\_
- 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.
- 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) ▶

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

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		May the IRS discuss this return with you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Signature of officer _____	Date _____	
<b>Paid Preparer's</b>	Preparer's signature Meg Holland	Date _____	Preparer's SSN 196-42-_____
	Firm's name Meg Holland & Associates PC, CPA	EIN 31-1763403	

Use Only

(or yours if self-employed)  
address, and  
ZIP code

▶ 100 Brodhead Rd, Suite 200  
Bethlehem, PA 18017

Phone number (610) €

BAA

TEEA0202L 08/26/02

For

**Schedule C – Rent Income (from Real Property and Personal Property Leased with Real Property)** (See instructions)

1 Description of property		2 Rent received or accrued		3 Deductions directly connected with the income in columns 2 (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)	
(1)				
(2)				
(3)				
(4)				
Total		Total		Total deductions. Enter here and on line 6, column (B), Part I, page 1
Total income (Add totals of columns 2(a) and 2(b). Enter here and on line 6, column (A), 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		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 Allocable (column 7 x column 6)
		(a) Straight line depreciation (attach sch)	(b) Other (attach)					
(1)								
(2)								
(3)								
(4)								
Totals							Enter here and on line 7, column (A), Part I, page 1	Enter here column (B)
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				6 Deductions connected with
		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	7 Taxable Income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		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 in column 7	
(1)						
(2)						
(3)						

(4)

	Add columns 5 and 10. Enter here and on line 8, column (A), Part I, page 1.	Add columns 6 ; here and on line Part I, page 1.
<b>12 Totals</b> .....		

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Fo

**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 of set-asides plus
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>	Enter here and on line 9, column (A), Part I, page 1.			Enter here and on line 9, column (B), Part I, page 1.

**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)					
<b>Column totals</b>	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)					
<b>Column totals (carry to Part II, line (5))</b>					

**Part II – Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in column 4 through 7 on a line-by-line basis.)

(1)				
(2)				
(3)				
(4)				
<b>(5) Totals from Part I</b>				
<b>Column totals, Part II</b>	Enter here and on line 11, column (A), Part I, page 1.	Enter here and on line 11, column (B), Part I, page 1.		

**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


**Total** – Enter here and on line 14, Part II, page 1. ▶

BAA

TEEA0204 L 08/12/02

Fo

2002

Federal Statements

Associated Wire Rope Fabricators

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

1. Total dues, assessments, etc. received..	\$	00010231013
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)..	\$	<u>          </u>

DFY



2002

Federal Supplemental Information

Associated Wire Rope Fabricators

Form 990  
Part II Other Expenses line 43a

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 retained in a certificate of deposit. The value of the fund held in a certificate of deposit 12/31/02 was \$83,260.

0  
1  
0  
0  
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3  
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0  
1  
4

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