

Clerk of the House of Representatives  
Legislative Resource Center  
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Washington, DC 20515

Secretary of the Senate  
Office of Public Records  
232 Hart Building  
Washington, DC 20510

SECRETARY OF THE SENATE  
04 APR 12 PM 4: 21

## 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 #
			31524000

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-Dec

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

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input checked="" type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of
	<input type="checkbox"/> *Method A. Reporting amounts using LDA definition
	<input type="checkbox"/> *Method B. Reporting amounts under section 603 Internal Revenue Code
	<input type="checkbox"/> *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)

P



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

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

FD-302 (Rev. 6/98)

Page \_\_

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 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 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 Committee

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 3

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 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 TOR (one per page)

16. Specific lobbying issues

H.R. 1115; S.274:

Class action removal to federal courts.

H.R. 1036:

Immunity from civil suits of manufacturers and distributors of firearms for damages resulting from misuse by others.

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 Committ

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 4

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 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 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 Committ

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 1

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 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 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 Commit

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

*J. Barry Epperson*

*Feb 9 7*

Signature J. Barry Epperson Date 1-27-17

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))

OMB

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

See separate instructions.

Department of the Treasury Internal Revenue Service

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 455,006. Block D: Employer ID 74-18. Block E: New unrelated activity cod for Block E.

Block F: Group exemption number. Block G: Check organization type: 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-subsidary controlled group?

J The books are in care of: Donald Sayenga Telephone number 610-974

Table with 4 columns: Description, (A) Income, (B) Expenses, Total. Rows include Gross receipts or sales, Cost of goods sold, Gross profit, Capital gain net income, Income from partnerships, Rent income, etc.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 3 columns: Description, Amount, Total. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, Bad debts, Interest, Taxes and licenses, Charitable contributions, Depreciation, etc.

COPY

30	Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 19)	30	
31	Net operating loss deduction	31	
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	Unrelated business taxable income (subtract line 33 from line 32). If line 33 is greater than line 32, enter the smaller of zero or line 32	34	

**Part III Tax Computation**

35 Organizations Taxable as Corporations (see instructions for tax computation) Controlled group members (sections 1561 and 1563) - check here <input type="checkbox"/> . 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: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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		40e
b Other credits (see instructions) .....	40b		
c General business credit - Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> 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) .....			
41 Subtract line 40e from line 39 .....			41
42 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) .....			42
43 Total tax (add lines 41 and 42) .....			43
44 Payments: a 2001 overpayment credited to 2002 .....	44a		45
b 2002 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 <input type="checkbox"/> 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 2003 estimated tax ▶ <input type="checkbox"/> Refunded ▶			49

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

1 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  
▶ \_\_\_\_\_

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		6 Inventory at end of year .....	6	
2 Purchases .....	2		7 Cost of goods sold. Subtract line 6 from line 5. (Enter here and on line 2, Part I.) .....	7	
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		8 Do the rules of section 263A (with respect to properly produced or acquired for resale) apply to the organization? .....		

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.

Sign Here	Signature of officer	Date	Chief Executive	May the IRS disregard the preparer's signature instructions? <input type="checkbox"/>
	Preparer's signature		Date	Preparer's SS

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Check if self-employed  196-42

Paid  
Preparer's  
Use Only

Firm's name (or yours if self-employed) address, and ZIP code	Meg Holland & Associates PC, CPA	EIN 31-1763403
	100 Brodhead Rd, Suite 200	
	Bethlehem, PA 18017	Phone number: (610)

BAA

TEEA03071 08/26/02

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Form 990-T (2002) Associated Wire Rope Fabricators

74-1878195

**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	
(1)	(2)		(a) Straight line depreciation (attach sch)	(b) Other (attach)
(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 Allocable (column 3)
(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			
		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
(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 in color	
(1)					
(2)					

(3)			
(4)			
12 Totals		Add columns 5 and 10. Enter here and on line 8, column (A), Part 1, page 1.	Add columns 6, here and on line 8, column (A), Part 1, page 1.

5

Form 990-T (2002) Associated Wire Rope Fabricators

74-1878195

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)				
Totals	Enter here and on line 9, column (A), Part I, page 1.			Enter here column (B), 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)					
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 4 through 7 on a line-by-line basis.)

(1)					
(2)					
(3)					
(4)					
(5) Totals from Part I					
Column totals, Part II	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				
000				

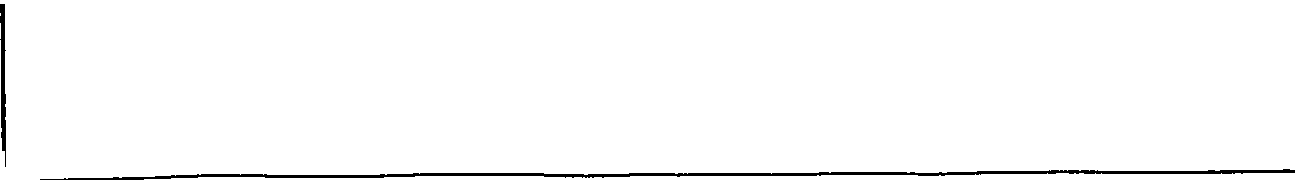
2002

Federal Statements

Associated Wire Rope Fabricators

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

1. Total dues, assessments, etc. received.....	\$	2
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>



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.

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