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## LOBBYING REPORT

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

1. Registrant Name <i>Associated Wire Rope Fabricators</i>			
2. Address <input type="checkbox"/> Check if different than previously reported <i>201 West 5th, Suite 501, Tulsa, OK 74103</i>			
3. Principal Place of Business (if different from line 2) <i>Bethlehem</i> State/Zip (or Country) <i>PA 18017</i>			
4. Contact Name <i>J. Barry Epperson</i>		Telephone <i>(918) 585-5641</i>	E-mail (optional)
7. Client Name <input checked="" type="checkbox"/> Self			5. Senate ID # <i>4835-12</i>
			6. House ID # <i>31524000</i>

**TYPE OF REPORT** 8. Year 2001 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
<b>INCOME</b> relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ 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).	<b>EXPENSES</b> relating to lobbying activities for this reporting period were: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000) <b>14. REPORTING METHOD.</b> 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

\*See IRS Form 990 for Calendar Year 2000 Attachments

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 standard*

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

Check if None

*House*  
*Senate*  
*OSHA*

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

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

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, provide the 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. 2563; 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)
<i>J. Barry Epperson</i>	<i>General Counsel and Chairman, Government Affairs Committee</i>

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

Check if None

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



Registrant Name Associated Wire Client Name Self  
Rope Fabricators

**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, provide 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)
<i>J. Barry Epperson</i>	<i>General Counsel and Chairman, Government Affairs Committee</i>

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*

*Access of Mexican trucks to U.S. roads and highways under NAFTA.*

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)
<i>J. Barry Epperson</i>	<i>General Counsel and Chairman, Government Affairs Committee</i>

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

*U.S. Census Bureau.*

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

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

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

Check if None

Signature *J. Barry Epperson* Date *August 10,*







**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general
22 Grants and allocations (att. sch.) (cash \$ _____ non cash \$ _____)	22		
23 Specific assistance to individuals (att. sch.)	23		
24 Benefits paid to or for members (att. sch.)	24		
25 Compensation of officers, directors, etc.	25		
26 Other salaries and wages	26		
27 Pension plan contributions	27		
28 Other employee benefits	28		
29 Payroll taxes	29		
30 Professional fundraising fees	30		
31 Accounting fees	31 1,800		1,800
32 Legal fees	32 34,577		34,577
33 Supplies	33 3,232		3,232
34 Telephone	34 11,300		11,300
35 Postage and shipping	35 6,844		6,844
36 Occupancy	36 5,413		5,413
37 Equipment rental and maintenance	37		
38 Printing and publications	38 7,187	7,187	
39 Travel	39 9,578		9,578
40 Conferences, conventions, and meetings	40 204,140	204,140	
41 Interest	41		
42 Depreciation, depletion, etc. (attach schedule)	42		
43 Other expenses (itemize): a Committee	43a 94,662		94,662
b Contingency Expenses	43b 6,000	6,000	
c Insurance	43c 4,259	4,259	
d Management Services	43d 75,000		75,000
e Misc. Office Expenses	43e 917		917
44 Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13 - 15.	44 464,909	221,586	243,323

**Reporting of Joint Costs.** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? \_\_\_\_\_

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? ► \_\_\_\_\_

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a Convention for 310 member companies in the association.

(Grants and allocations \$ \_\_\_\_\_)

b Expenditures related to publication of four newsletters, one brochure, several technical & safety bulletins, etc. - all provided gratis to members only for exempt purposes.

(Grants and allocations \$ \_\_\_\_\_)

c Insurance policy premiums to protect volunteer and member attendees.

(Grants and allocations \$ \_\_\_\_\_)

d Expenses of four competitive scholarships awarded to member employees' children as a contingency program.

(Grants and allocations \$ \_\_\_\_\_)

e Other program services (attach schedule)	(Grants and allocations \$ )
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) .....	▶

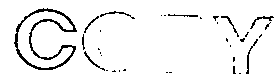
RF0US1A 12/20/00



**Part IV Balance Sheets** (See Specific Instructions on page 23.)

		(A) Beginning of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
<b>A S S E T S</b>	45	Cash - non-interest-bearing .....	45
	46	Savings and temporary cash investments .....	313,161 46
	47 a	Accounts receivable .....	47a
	b	Less: allowance for doubtful accounts .....	47b 47c
	48 a	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 sch) .....	50
	51 a	Other notes and loans receivable (attach schedule) .....	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
	55 a	Investments - land, buildings, and equipment: basis .....	55a
	b	Less: accumulated depreciation (attach schedule) .....	55b 55c
	56	Investments - other (attach schedule) .....	69,500 56
	57 a	Land, buildings, and equipment: basis .....	57a
	b	Less: accumulated depreciation (attach schedule) .....	57b 57c
	58	Other assets (describe ▶ _____ )	58
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....	382,661 59	
<b>L I A B I L I T I E S</b>	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
	64 a	Tax-exempt bond liabilities (attach schedule) .....	64a
	b	Mortgages and other notes payable (attach schedule) .....	64b
	65	Other liabilities (describe ▶ _____ )	65
66	<b>Total liabilities</b> (add lines 60 through 65) .....	0 66	
<b>N E T  A S S E T S  O R  F U N D  B A L A N C E S</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67	Unrestricted .....	162,791 67
	68	Temporarily restricted .....	157,500 68
	69	Permanently restricted .....	62,370 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	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) .....	382,661 73	
74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73) .....	382,661 74	

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







75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? .....  
If "Yes," attach schedule - see Specific Instructions on page 26.

RF0US1C 12/26/00



**Part VI Other Information** (See Specific Instructions on page 26.)

- 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.
- 78 a 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
- 80 a 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
- 81 a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 **81a**                       
 b Did the organization file Form 1120-POL for this year?
- 82 a 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 for reporting in Part III.) **82b**                      **N**
- 83 a 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?
- 84 a 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.
 

<b>85c</b>	304,2
<b>85d</b>	3,2
<b>85e</b>	
<b>85f</b>	3,2

  - c Dues, assessments, and similar amounts from members
  - d Section 162(e) lobbying and political expenditures
  - e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
  - f Taxable amount of lobbying and political expenditures (line 85d less 85e)
- g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?  
 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 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:
 

<b>86a</b>	N
<b>86b</b>	N

  - a Initiation fees and capital contributions included on line 12
  - b Gross receipts, included on line 12, for public use of club facilities
- 87 501(c)(12) organizations. Enter:
 

<b>87a</b>	N
<b>87b</b>	N

  - a Gross income from members or shareholders
  - b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
- 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 30.7701-3? If "Yes," complete Part IX
- 89 a 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 in 89c, above, reimbursed by the organization **COOPY**
- 90 a 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, 2000 (See instructions.)
- 91 The books are in care of ▶ Donald Sayenga Telephone no. ▶ 610-  
 Located at ▶ P.O. Box 20126 Lehigh Valley, PA ZIP code ▶ 18002-0
- 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**



**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 30.)

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514	
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount
93 Program service revenue:				
a <u>Convention Revenue</u>				
b <u>Advertising Revenue</u>				
c				
d				
e				
f Medicare/Medicaid payments				
g Fees and contracts from government agencies				
94 Membership dues and assessments				
95 Interest on savings & temporary cash investments				
96 Dividends and 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 personal property				
99 Other investment income				
100 Gain/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 <u>Miscellaneous</u>				
b <u>Scholarship Fund Contr.</u>				
c				
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 Specific Instructions on page 30.)

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 1

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 30.)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 30.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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 he or she has any knowledge. (Important: See General Instruction W, on page 14.)

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Type or print name and title: \_\_\_\_\_

<b>Paid Preparer's Use Only</b>	Preparer's signature <u>Meg Holland</u>	Date <u>5/10/07</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN <u>196-42</u>
	Firm's name (or yours if self-employed) and address, and ZIP code <u>Meg Holland CPA</u> <u>100 Brodhead Road, Suite 200</u> <u>Bethlehem PA 18017</u>	EIN <u>23-265063</u>	Phone no. <u>(610) 6</u>	



## Associated Wire Rope Fabricators

Statement 1  
Form 990, Part VIII  
Relationship of Activities to the Accomplishment of Exempt Purposes

<u>Line #</u>	<u>Explanation of Activities</u>
93a	Enables members the legal exchange of ideas, technical dat discussion of industry conditions, etc.
93b	Underwrites cost of newsletters and other technical mailin provided to members only, for the exempt purposes as state etc.
94	Underwrites general & administrative expenses of exempt organization
103a	Miscellaneous revenue from various sources, generally insignificant in amount

COPY

\_\_\_\_\_

\_\_\_\_\_

# Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box .....
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

**Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only** .....

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnered REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer Identificati
	Associated Wire Rope Fabricators	74-1878
	Number, Street, and Room or Suite Number. If a P.O. Box, see instructions	
	Post Office Box 20126	
City, Town or Post Office. For a foreign address, see instructions.		State ZIP C
Lehigh Valley, PA 18002-0126		

**Check type of return to be filed (file a separate application for each return):**

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box .....
- If this is for a **group return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **who** check this box . . ▶  . If it is for part of the group, check this box . . . ▶  and attach a list with the names and EINs of all memb the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 8/15, 20 01, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 20 00 or  
 ▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in account

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$ \_\_\_\_\_

**Signature and Verification**

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, and that I am authorized to prepare this form.

Signature ▶ M. J. Hall Title ▶ CPA Date ▶ 5

KFA For Paperwork Reduction Act Notice, see instructions.

Form



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

Department of the Treasury  
Internal Revenue Service

For calendar year 2000 or other tax year beginning \_\_\_\_\_, 2000, and ending \_\_\_\_\_, 20\_\_

▶ See separate instructions.

- A**  Check box if address changed
- B** Exempt under section  
 501(c)(6)  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

**Please Print / Type**  
 Associated Wire Rope Fabricators  
 Post Office Box 20126  
 Lehigh Valley, PA 18002-0126

**D** Employer identification number (Employees' trust, see instructions for 7.)  
 74-187819

**E** New unrelated business (see instructions for 7.)

**C** BV of all assets at EOY  
 488,524

**F** Group exemption number (see instructions for Block F on page 7) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other 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 ▶ 610-974-9

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

**Part II Deductions Not Taken Elsewhere** (See page 9 of the instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>
<b>15</b> Salaries and wages	<b>15</b>
<b>16</b> Repairs and maintenance	<b>16</b>
<b>17</b> Bad debts	<b>17</b>
<b>18</b> Interest (attach schedule)	<b>18</b>
<b>19</b> Taxes and licenses	<b>19</b>
<b>20</b> Charitable contributions (see page 11 of the instructions for limitation rules)	<b>20</b>
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b> <b>22b</b>
<b>23</b> Depletion	<b>23</b>
<b>24</b> Contributions to deferred compensation plans	<b>24</b>
<b>25</b> Employee benefit programs	<b>25</b>
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>
<b>28</b> Other deductions (attach schedule)	<b>28</b>
<b>29 Total deductions</b> (add lines 14 through 28)	<b>29</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13)	<b>30</b>
<b>31</b> Net operating loss deduction	<b>31</b>
<b>32</b> Unrelated business taxable income before specific deduction (subtract line 31 from line 30)	<b>32</b>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>

**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**

KFA For Paperwork Reduction Act Notice, see instructions.

RF0US5 12/27/00



**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations</b> (see instructions for tax computation on page 12). 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 on page 12) 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 page 13 of the 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>40 a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>40a</b>	
<b>b</b> Other credits (see page 13 of the instructions) .....	<b>40b</b>	
<b>c</b> General business credit - Check if from: <input type="checkbox"/> Form 3800 or <input type="checkbox"/> Form (specify) ▶ .....	<b>40c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>40d</b>	
<b>e Total credits</b> (add lines 40a through 40d) .....		<b>40e</b>
<b>41</b> Subtract line 40e from line 39 .....		<b>41</b>
<b>42</b> Recapture taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 .....		<b>42</b>
<b>43 Total tax</b> (add lines 41 and 42) .....		<b>43</b>
<b>44 Payments:</b> <b>a</b> 1999 overpayment credited to 2000 .....	<b>44a</b>	
<b>b</b> 2000 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 Total payments</b> (add lines 44a through 44f) .....		<b>45</b>
<b>46</b> Estimated tax penalty (see page 4 of the instructions). Check <input type="checkbox"/> if Form 2220 is attached .....		<b>46</b>
<b>47 Tax due</b> - If line 45 is less than the total of lines 43 and 46, enter amount owed .....		<b>47</b>
<b>48 Overpayment</b> - 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: <b>Credited to 2001 estimated tax</b> ▶ ..... <b>Refunded</b> ▶ .....		<b>49</b>

**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 14.)

- At any time during the 2000 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 page 14 of 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 on page 15.)

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> <b>Cost of goods sold.</b> 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>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>4 a</b> Additional section 263A costs (attach schedule) .....	<b>4a</b>			
<b>b</b> Other costs (attach schedule) .....	<b>4b</b>			
<b>5 Total</b> - Add lines 1 through 4b .....	<b>5</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 and belief correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer or fiduciary: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

Preparer's signature: **Meg Holland** Date: \_\_\_\_\_ Check if self-employed  Preparer's ID: **196-**

Use Only

Firm's name (or yours, if self-employed) address, and ZIP code

100 Brodhead Road, Suite 200  
Bethlehem, PA 18017

EIN ▶ 23-2650635  
Phone no. (610) 691

RF0USSA 12/15/00



Schedule C - Rent Income (From Real Property and Personal Property Leased with Real Property)

(See instructions on page 16.)

1 Description of property

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3 Deductions directly connected. Rows (1) through (4) and a Total row.

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 on page 16.)

Table with 5 columns: 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, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 All other deductions. Includes a Totals row.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations

(See instructions on page 16.)

Table for Exempt Controlled Organizations with 6 columns: 1 Name of Controlled Organization, 2 Employer Identification Number, 3 Net unrelated income, 4 Total of specified payments made, 5 Part of column (4) that is included in the controlling organization's gross income, 6 Other deductions.

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7 Taxable Income, 8 Net unrelated income, 9 Total of specified payments made, 10 Part of column (9) that is included in the controlling organization's gross income, 11 Other deductions.



Add columns 5 and 10. Enter here and on line 8, Col (A), Part I, page 1.

12 Totals .....

KFA

RF0US5B 12/08/00



Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(See instructions on page 17.)

Table with 4 columns: 1 Description of income, 2 Amount of income, 3 Deductions directly connected, 4 Set-asides. Includes rows (1)-(4) and a Totals row.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(See instructions on page 18.)

Table with 6 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected, 4 Net income (loss) from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5. Includes rows (1)-(4) and a Column totals row.

Schedule J - Advertising Income (See instructions on page 18.)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 6 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs. Includes rows (1)-(4) and a Column totals row.

Part II Income From Periodicals Reported on a Separate Basis

(For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 6 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs. Includes rows (1)-(4) and a Totals row.

Schedule K - Compensation of Officers, Directors, and Trustees

(See instructions on page 18)

Table with 4 columns: 1 Name, 2 Title, 3 Percent of time devoted to business, 4 Compensation. Includes a Total row.



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) .....	<u>\$</u>

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2000

## 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 grants of \$1,500 as an aid to education of the children of employ member companies.

Part IV line 56  
Investments

The Scholarship Fund is primarily retained in certificate of deposit. The value of the fund held in a certificate deposit at 12/31/00 was \$ 66,700.

The Special Reserve Fund is primarily retained in certificates of deposit. The value of the fund held in certificate of deposits at 12/31/00 was \$ 15,473.

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2000

Federal Supplemental Information

Associated Wire Rope Fabricators

Balance Sheet  
Other (Form 990)[O]

Scholarship Fund Certificate of Deposit .....	\$
Special Reserve Fund Certificate of Deposits .....	
	Total \$

COPY

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