

SECRETARY OF THE SENATE

03 FEB 24 PM 3: 59

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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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 2002 Midyear (January 1-June 30) OR Year End (July 1-De
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 Lobbyir

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 re period were:
Less than \$10,000 \$10,000 or more ⇒ \$ _____
Expenses (neares

14. REPORTING METHOD. Check box to indic accounting method. See instructions for description

 *Method A. Reporting amounts using LDA defu *Method B. Reporting amounts under section 6 Internal Revenue Code *Method C. Reporting amounts under section 1 Internal Revenue Code

*See IRS Form 990 for Calendar Year 2001 Attached

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 registrant was 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 C
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.....

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

Check if None

Signature _____

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

Form LD-2 (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 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. 2315; H.R. 2653; S.1052

Limitations of 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)
<u>J. Barry Epperson</u>	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 _____

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

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 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 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 Commit
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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 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 registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code and provide 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 Commit
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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

Form LD-2 (Rev 6/98)

Pag

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)
J. Barry Epperson	General Counsel and Chairman, Government Affairs Committee
.....	
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

J. Barry Epperson

Date Feb. 10,

FROM AIRMAIL CARDION, FAX

PHONE NO. 6106916833

AUG. 09 2000 01

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

Department of the Treasury Internal Revenue Service

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

A For the 1999 calendar year, OR tax year period beginning 1999, and ending

B One [] Change of [] Initial [] Final [] Amended return (required also for State reporting) C 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 id 74-1878 E Telephone no 610-974 F Check

G Type of organization [X] Exempt under section 501(c) (5) (insert number) OR [] section 4947(a)(1) nonexempt charitable trust MUST attach a completed Schedule A

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A

H(a) Is this a group return filed for affiliates? [] Yes [X] No If either box in H is checked "Yes,"

(b) If "Yes," enter the number of affiliates for which this return is filed

(c) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No J Accounting method: [X] Cash [] Other (specify)

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on

Table with columns for Revenue, Expenses, and Net Assets. 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 sale of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9a Gross revenue (not including \$ of contributions reported on line 1a); 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue.

Table with columns for Expenses. Rows include: 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates.

NET ASSETS	17	Total expenses (add lines 16 and 44, column (A))	17
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19
	20	Other changes in net assets or fund balances (attach explanation)	20
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21

FROM AIRMAIL CARDON, FAX

PHONE NO. 6106916833

Aug. 09 2000 0

Form 990 (1997) Associated Wire Rope Fabricators

74-18

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 19.)

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.)			
23	Specific assistance to individuals (att. sch.)			
24	Benefits paid to or for members (att. sch.)			
25	Compensation of officers, directors, etc.			
26	Other salaries and wages			
27	Pension plan contributions			
28	Other employee benefits			
29	Payroll taxes			
30	Professional fundraising fees			
31	Accounting fees			
32	Legal fees	33,835		33,835
33	Supplies	2,846		2,846
34	Telephone	10,826		10,826
35	Postage and shipping	4,923		4,923
36	Occupancy	5,471		5,471
37	Equipment rental and maintenance			
38	Printing and publications	9,317	9,317	
39	Travel	7,634		7,634
40	Conferences, conventions, and meetings	184,512	184,512	
41	Interest			
42	Depreciation, depletion, etc. (attach schedule)			
43a	Other expenses (itemize): a Committee Expenses	92,025		92,025
43b	b Contingency Expenses	4,000	4,000	
43c	c Insurance	4,259	4,259	
43d	d Management Services	75,000		75,000
43e	e Misc. Office Expenses	631		631
44	Total functional expenses (Add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	435,279	202,088	233,191

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 22.)

What is the organization's primary exempt purpose?
 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 947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a Convention for 287 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 members of employees' children as a contingency program.	(Grants and allocations \$)
e Other program services (attach schedule)	(Grants and allocations \$)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		

FROM RWRF@CARDON, FAX

PHONE NO. 6106916833

Aug. 09 2000 0

Form 990 (1-999) **Associated Wire Rope Fabricators**

74-18

Part IV Balance Sheets (See Specific Instructions on page 22.)

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

		(A)	
		Beginning of year	
	45 Cash - non-interest-bearing	244,866	45
	46 Savings and temporary cash investments		46
	47 a Accounts receivable		47c
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable		48c
	b Less: allowance for doubtful accounts		
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees (attach sch)		50
ASSETS	51 a Other notes and loans receivable (attach schedule)		51c
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54 Investments - securities (attach schedule)		54
	55 a Investments - land, buildings, and equipment: basis		55c
	b Less: accumulated depreciation (attach schedule)		
	56 Investments - other (attach schedule)	53,625	56
	57 a Land, buildings, and equipment: basis		57c
	b Less: accumulated depreciation (attach schedule)		
	58 Other assets (describe ▶)		58
	59 Total assets (add lines 45 through 58) (must equal line 74)	298,491	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
	64 a Tax-exempt bond liabilities (attach schedule)		64
b Mortgages and other notes payable (attach schedule)		64	
	65 Other liabilities (describe ▶)		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	90,446	67
	68 Temporarily restricted	150,000	68
	69 Permanently restricted	58,045	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
72 Retained earnings, endowment, accumulated income, or other funds			
	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)	298,491	
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	298,491	

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

FROM AURF@CARDON.FAX

PHONE NO. 6106916833

Aug. 09 2000 0

FORM 990 (1999) Associated Wire Rope Fabricators

74-15

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 24.)

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	519,449
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	519,449
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	519,449

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 Specific Instructions on page 24.)

(A) NAME & ADDRESS	(B) TITLE AND NUMBER OF HOURS PER WEEK DEVOTED TO POSITION	(C) COMPENSATION (If not paid, enter -0-)	(D) CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS \$ (Include compensation)
Dennis Worswick, Cert. Slings P.O. Box 180127 Casselberry, FL 32718-0127	President None	0	0
Knut Buschman, Uniropo Ltd 3070 Universal Dr, Mississauga Ontario, Canada, L4X 2C8	Vice President None	0	0
Frank Joost -Carpenter Rigging 222 Napoleon St. San Francisco, CA 94124	Secretary None	0	0
Kathy Petrick-Samsel Supply Co 1285 Old River Road Cleveland, OH 44113	Treasurer None	0	0

COPY

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 25

FROM AWRFA@CARDON.FAX

PHONE NO. 6106916833

Aug. 09 2000 0

OFFICERS AND OTHER VOLUNTEER DIRECTORS OF A.W.R.F.

990 Attachment

(None Received Any Compensations)

President

Dennis Worswick
 CERTIFIED SLINGS
 P.O.Box 180127
 Casselberry FL 32718-0127
 407-331-6677
 Fax 407-260-9196

Vice President

Knut Buschmann
 UNIROPE
 3070 Universal Dr.
 Mississauga Ontario
 CANADA L4X 2C8
 905-624-5131
 Fax 905-624-9265

Secretary

Frank Joost
 CARPENTER RIGGING
 222 Napoleon St..
 SAN FRANCISCO CA
 415-285-1954
 Fax 415-285-0176

Treasurer

Kathy Petrick
 SAMSEL SUPPLY Co
 1285 Old River Road
 Cleveland OH 44113
 216-241-0333
 Fax 216-241-3426

Jack Alexander
 CAROLINA STEEL & WIRE
 P O Box 829
 Lexington SC 29072
 803-359-5501
 Fax 803-359-1201

Douglas C. Amick
 AMICK ASSOCIATES
 Box 529 - 11 Sycamore
 Carnegie PA 15106-0
 412-429-1212
 Fax 412-429-0191

Ed Hamilton

BRUGG WIRE ROPE
 126 Willowbrook Blvd.
 Lewisburg PA 17837
 570-523-1788
 Fax 570-523-1789

Greg Ashley
 ASHLEY SLING CO.
 P.O.Box 44413
 Atlanta GA 30336
 404-691-2604
 Fax 404-691-3608

Bob Cushman
 CASCADE RIGGING
 6110 N. Cutter Cir.-Su
 Portland OR 97217
 503-247-8107
 Fax 503-247-8109

Michael M. Wallace
 LOOS & COMPANY
 1 Cable Road
 Pomfret CT 06258
 860-928-7981
 Fax 860-928-6167

John Ellsworth
 MAZZELLA W.R. & SLING
 10605 Chester Road
 Cincinnati OH 45215
 513-772-4466
 Fax 513-772-7129

Joseph Roberts
 ROBERTS TESTING
 P.O. Box 935
 Savannah GA 31498
 912-964-9465
 Fax 912-964-9420

Bob Edwards
 PADUCAH RIGGING
 4150 Cairo Road
 Paducah KY 42001
 502-443-3863
 Fax 502-443-8437

Jim Fletcher
 AMERICAN SLING CO.
 6400 Airport Freeway
 Fort Worth TX 76117-5324
 817-589-7983
 Fax 817-831-1302

Bill Sakash
 JOHN SAKASH CO.
 433 Romans Road
 Elmhurst IL 60126
 630-833-3940
 Fax 630-833-9830

Rod Anderson
 HERCULES CHAIN & CABLE

3800 Transcanada Highway
Pointe Claire Quebec
Canada H9R 1B1
514-428-5511
Fax 514-428-5555

FROM AURF@CARDON.FAX

PHONE NO. 6106916833

Aug. 09 2000 e

74-1

Form 990 (1999) Associated Wire Rope Fabricators

Part VII Other Information (See Specific Instructions on page 25.)

- 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/A
-----	-----
- 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.
c Dues, assessments, and similar amounts from members

85c	240
-----	-----

d Section 162(e) lobbying and political expenditures

85d	2
-----	---

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e	
-----	--

f Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f	2
-----	---

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:
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? 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? 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.
- 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, 1999 (See instructions)
- 91 The books are in care of Donald Sayenga
located at P. O. Box 20126 Lehigh Valley, PA
Telephone no. 610
ZIP + 4 18002

COPY

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 N/A

Form 990 (1999) Associated Wire Rope Fabricators

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 29.)

Enter gross amounts unless otherwise indicated.

Table with 4 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount. Rows include Program service revenue, Convention Revenue, Advertising Revenue, Medicare/Medicaid payments, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings & temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Gain/loss from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue: a Miscellaneous, b Scholarship Fund Contr., c, d, e. Subtotal and Total lines are also present.

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)

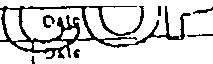
Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Rows include 93a, 93b, 94, 103a.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions)

Table with 4 columns: Name, address, and employer identification number of corporation or partnership; Percentage of ownership interest; Nature of business activities; Total income. Row 1 contains 'N/A'.

Please Sign: 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 and data furnished to the preparer by the taxpayer. I am not a member of any professional organization. (Important: See General Instruction U, on page 14.)

Here

	Signature of officer		Type or print name and title
Paid Preparer's Use Only	Preparer's signature	Meg Holland	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed)	Meg Holland CPA 2017 Easton Avenue	EIN

1999

Supplemental Information

Client A05

Associated Wire Rope Fabricators

08/11/00

Supplemental Schedule
1999 Form 990-T
Line 37

There is no trade or unrelated business activity.

The association elects to pay a Proxy Tax on behalf of its members under Section 6033(e) on the total amount of its expenditures lobbying.

Total lobbying expenditures for 1999 were \$2923

$\$2923 \times .35 = \1023

Part II line 43b

Contingency expenses

The Contingency expenses shown on this line (\$4000) consisted of grants of \$1000 as an aid to education of the children of employee member companies.

Part IV line 56

The Scholarship fund is primarily retained in the form of a certificate of deposit. The value of the fund @ 12/31/99 was \$ of which \$ 62,000 was in a Certificate of deposit.

|

Form 990-T

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

For calendar year 1999 or other tax year beginning and ending

See separate instructions.

Department of the Treasury Internal Revenue Service

A Check box if address on 990

B Exempt under section 501(c)(6) 408(c) 520(a) 498A 530(a)

Please Print/Type

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

D Employer ID# 74-187813

E New unrelated business

C 8V of EIN 382,661

F Group exemption number (see instructions for Block F on page 6)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other

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-

Table with 3 columns: Description, (A) Income, (B) Expenses. Rows include Gross receipts, Cost of goods sold, Capital gain, etc.

Part II Deductions Not Taken Elsewhere (See page 9 of the instructions for limitations on deductions.)

Table with 2 columns: Description, Amount. Rows include Compensation of officers, Salaries and wages, Charitable contributions, etc.

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

Form 990-T (1999) Associated Wire Rope Fabricators

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Part III Tax Computation

35 Organizations Taxable as Corporations (see instructions for tax computation on page 12).
 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 on page 12) income tax on
 the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) ▶ 36
 37 Proxy tax (see page 12 of the instructions) ▶ 37
 38 Total (add line 37 to line 35c or 36, whichever applies) ▶ 38

Part IV Tax and Payments

39 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ▶ 39a
 b Other credits (see page 13 of the instructions) ▶ 39b
 c General business credit - Check if from:
 Form 3800 or Form (specify) ▶ 39c
 d Credit for prior year minimum tax (attach Form 8801 or 8827) ▶ 39d
 e Total credits (add lines 39a through 39d) ▶ 39e
 40 Subtract line 39e from line 38 ▶ 40
 41 Recapture taxes. Check if from: Form 4265 Form 8811 ▶ 41
 42 a Alternative minimum tax ▶ 42
 43 Total tax (add lines 40, 41, and 42) ▶ 43
 44 Payments: a 1998 overpayment credited to 1999 ▶ 44a
 b 1999 estimated tax payments ▶ 44b
 c Tax deposited with Form 7004 or Form 2758 ▶ 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 page 4 of the 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 2000 estimated tax ▶ Retunded ▶ 49

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

- At any time during the 1999 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)

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	8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the org	
4 a	Additional section 263A costs (attach schedule)	4a			
b	Other costs	4b			
5	TOTAL - Add lines 1 through 4b	5			

Please Sign

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 information contained herein are true and correct. Declaration of preparer (other than taxpayer) is based on all information of which preparer has knowledge.

Principal

name	Signature of officer or fiduciary	Date	Title
Paid Preparer's Use Only	Preparer's signature	DATE	Prep: 19
	Firm's name (or yours, if self-employed)		Check if self-employed <input checked="" type="checkbox"/> EIN ▶ 23-265063
	Meg Holland		
	Meg Holland CPA		
	2017 Easton Avenue		

Form 990-T (1999) Associated Wire Rope Fabricators 74-181
SCHEDULE C - RENT INCOME (FROM REAL PROPERTY & PERSONAL PROPERTY LEASED WITH F

(See instructions on page 15.)

1 Description of property

Table with 4 rows (1-4) for property description.

2 Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3 Deductions directly connected. Includes rows (1)-(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 15.)

Table with 5 main columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 (column 2 x column 6). Includes rows (1)-(4) and a Totals row.

Totals

Total dividends-received deductions included in column 8.

SCHEDULE F - INTEREST, ANNUITIES, ROYALTIES, AND RENTS FROM CONTROLLED ORGANIZATION (See instructions on page 16.)

Table with 7 main columns: 1 Name and address of controlled organization(s), 2 Gross income from controlled organization(s), 3 Deductions of controlling organization, 4 Exempt controlled organizations, 5 Nonexempt controlled organizations, 6 Gross income reportable, 7 All (column 2 x column 4(c) or column 5(c)). Includes rows (1)-(4).

(2)		%	COPY
(3)		%	
(4)		%	
			Enter here and on line 8. column (A), Part I, page 1.
			Enter column

FROM AWRFB@CARDON.FAX

PHONE NO. 6106916833

Aug. 09 2000

Form 990-B (1999) Associated Wire Rope Fabricators

74-14

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 income, 3 Deductions directly connected, 4 Set-aside(s). Includes a 'Totals' row and an instruction to enter data on line 9.

SCHEDULE I - EXPLOITED EXEMPT ACTIVITY INCOME, OTHER THAN ADVERTISING INCOME

(See instructions on page 17.)

Table with 6 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected, 4 Net income (loss), 5 Gross income, 6 Expenses attributable. Includes a 'Column totals' row and instructions for line 10.

SCHEDULE J - ADVERTISING INCOME (See instructions on page 18.)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 6 columns: Name, 2 Gross advertising income, 4 Advertising gain or loss, 6 Readers costs. Includes a 'Column totals' row and instructions for line 5.

Part II Income From Periodicals Reported on a Separate Basis

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

Table with 6 columns: Name, 2 Gross advertising income, 4 Advertising gain or loss, 6 Readers costs. Includes a 'Column totals, Part II' row and instructions for line 11.

SCHEDULE K - COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES (See instructions on page 19.)

Table with 4 columns: Name, 2 T, 3 Personal time de business, 4 Cot. Includes a large 'COPY' watermark.

1999

Supplemental Information

Client A05

Associated Wire Rope Fabricators

08/11/00

Supplemental Schedule
 1999 Form 990-T
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