Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

2014

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

			alendar year, or tax year beginning , 2014, and ending		, 20				
В	Check in application	f bl e :	C Name of organization		D Employer	identification number			
	ddress	s change	International Assn. of Geosynthetic						
1	lame c	me change Installers				41-1827177			
	nitial return			m/suite	E Telephone number				
F	Final return /terminated		8357 N Rampart Range Rd 106 PMB 154		720-353-4977				
P	mende	ed return	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption				
<i>A</i>	oplicat ending	ion	Roxborough_CO 80125-9365		Number				
					_	if the organization is no			
V	Vebsi	ite: ▶			•	o attach Schedule B			
J T	ax-ex	empt sta	tus (check only one) - 501(c)(3) X 501(c)(6) ◀ (insert no.) 4947(a)(1) or	527	(Form 99), 990-EZ, or 990-PF).			
ΚF	огт о	f organiza	ition: Corporation Trust X Association Other						
			and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo			100 040			
	_		, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			122,242.			
P	art l		nue, Expenses, and Changes in Net Assets or Fund Balances	-					
			if the organization used Schedule O to respond to any question in this P						
	1		outions, gifts, grants, and similar amounts received			64 757			
	2		rn service revenue including government fees and contracts			64,757.			
	3		ership dues and assessments	<i>.</i>		57,485.			
	4		nent income		4				
	5		amount from sale of assets other than inventory						
			cost or other basis and sales expenses						
ø	. _		r (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c				
Ď	6								
Revenue			income from gaming (attach Schedule G if greater than \$15,000) . 6a						
œ			\$ <u></u>	f contribu	tions				
			indraising events reported on line 1) (attach Schedule G if the sum						
			gross income and contributions exceed \$15,000) 6b						
			lirect expenses from gaming and fundraising events	at line C					
	_		come or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act line 60) 6d	- <u>, , ,</u>			
	7		sales of inventory, less returns and allowances						
	_		profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						
	8		evenue (describe in Scriedule O)			122,242.			
	10		and similar amounts paid (list in Schedule 0)		10				
	11		s paid to or for members						
Ø	- 1		s, other compensation, and employee benefits						
Jse	13		sional fees and other payments to independent contractors			54,967.			
Expenses	14		ancy, rent, utilities, and maintenance		 +				
Щ	15	-	g, publications, postage, and shipping			10,929.			
	16		expenses (describe in Schedule O)		-	57,331.			
	17		expenses. Add lines 10 through 16			123,227.			
	18		or (deficit) for the year (Subtract line 17 from line 9)			(985.)			
ets	19		sets or fund balances at beginning of year (from line 27, column (A)) (must agree v						
ASS			year figure reported on prior year's return)		1 1	65,105.			
Net Assets	20		changes in net assets or fund balances (explain in Schedule O)		-				
	24		sets or fund halances at end of year. Combine lines 18 through 20		21	64,120.			

International Assn. of Geosynthetic 41-1827177

III.	Balance Sheets (see the instructions to								
	Check if the organization used Schedule O	to respond to any ques	stion in th	nis Part II .					
				(A) Beginnin			(B)	End of year	
22	Cash, savings, and investments			58	,105.	22		45,	,305.
23	Land and buildings					23			
	Other assets (describe in Schedule O)			7	,000.	24			,815.
	Total assets			65	,105.	25		64,	,120.
26	Total liabilities (describe in Schedule O)					26			
27	Net assets or fund balances(line 27 of column (B) must	agree with line 21)		65	,105.	27		64	,120.
	art III Statement of Program Service Accom			ctions for F	art III)				
What Des	Check if the organization used Schedule O at is the organization's primary exempt purpose? Adva: scribe the organization's program service accomplishments asured by expenses. In a clear and concise manner, described, and other relevant information for each program title.	to respond to any que: nce Geosynthe s for each of its three larg ibe the services provided e.	stion in the etic gest prograd, the num	nis Part III. Techno am services ber of perso	logy , as	and	quired f 501(c)	xpenses or section (4) organiza others.)	
28	To advance goesynthetic inst	allation and	COIIC	ructio	11				
	technologies								
29	(Grants \$) If this amount include	es foreign grants, check l	here		. ▶	28a	1		
	(Grants \$) If this amount include	es foreign grants, check l	here		. ▶	29a	í		
30									
	(Grants \$) If this amount include	es foreign grants, check l	here		. •	30a	1		
31	Other program services (describe in Schedule O)	oo toroign grame, and							
01									
		es foreign grants, check l	here		▶ □	31a	1		
22	(Grants \$) If this amount include	es foreign grants, check l				31a	_		
	(Grants \$) If this amount include Total program service expenses (add lines 28a through	n 31a)				32		tions for F	Part IV)
	(Grants \$) If this amount include Total program service expenses (add lines 28a through art IV List of Officers, Directors, Trustees, and Key	n 31a)	ne even if	not compen	sated - se	32		tions for F	Part IV)
	(Grants \$) If this amount include Total program service expenses (add lines 28a through	n 31a)	ne even if	not compen	sated - se	32 e the	instruc	tions for F	
	(Grants \$) If this amount include Total program service expenses (add lines 28a through art IV List of Officers, Directors, Trustees, and Key	n 31a)	estion in t	not compen	sated - se	a2 e the benefit	instruc		ated
Pa	(Grants \$) If this amount include Total program service expenses (add lines 28a through art IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O	m 31a)	estion in t	not compen his Part IV	sated - se	a2 e the benefit	instruc	(e) Estim	ated
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Form 990-EZ (2014)

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Pa			
	mendence of the contract of th		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	. 33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the			
	amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O			
	(see instructions)	34		Х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b		35b		
С	(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(v
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	. 35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?	20		Х
27-	If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0	. 36	257231	Λ
		25000		X
b	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37b		A
30a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	. 38a	NEED TO BE	X
h	If "Yes," complete Schedule L, Part II and enter the total amount involved	Joa		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
100	section 4911▶ ; section 4912▶ ; section 4955▶			
b				
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on	AND SHAREST COLOR	2001HB2GHEIST	Andrea or Bullion
	any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization			30 %
	managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by			
	the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	1637		
	If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶		,	
42a	The organization's books are in care of ▶ Laurie Honnigford Telephone no. ▶ (720)		- 49	177
	Located at ▶ 8357 N. Kampart Range Rd 106 PMB 154 ZIP+4 ▶ 80125			
b	At any time during the 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	401	Yes	
	account)?	42b	December 1	X
	If "Yes," enter the name of the foreign country:▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
•	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
C	If "Yes," enter the name of the foreign country:	420		21
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
40	and enter the amount of tax-exempt interest received or accrued during the tax year			
	and office the different of the exempt interest received of decided during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	Marie I		
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	. 44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	F 1 3 3		
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-F7 (see instructions)	45h	1	X

46	Did the organization engage, directly or indire	ectly in political campaid	in activities on hehalf of	or in apposition to	Tes No				
40	candidates for public office? If "Yes," comple				46 X				
Pa	rt VI Section 501(c)(3) organizati								
	All section 501(c)(3) organiza	tions must answer	questions 47–49b ar	nd 52, and comple	ete the tables for lines				
	50 and 51.								
	Check if the organization use	d Schedule O to res	pond to any question	n in this Part VI					
					Yes No				
47	Did the organization engage in lobbying activ				47				
40	year? If "Yes," complete Schedule C, Part II								
48	Is the organization a school as described in s Did the organization make any transfers to a								
49a	If "Yes," was the related organization a section								
50	Complete this table for the organization's five								
	who each received more than \$100,000 of co								
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and defend compensation	ee (e) Estimated amount of other compensation				
NON	JF.		A SHOULD HAVE SEEDING THE REPORT OF THE PARTY OF THE PART	300-50 mg 1					
1401	NE								
51	Total number of other employees paid over \$ Complete this table for the organization's five compensation from the organization. If there	e highest compensated in its none, enter "None."							
(a)	Name and business address of each independent c	ontractor	(b) Type	of service	(c) Compensation				
NOI	NE								
d	110-120-12-11-12-12-12-12-12-12-12-12-12-12-12-			ttach a					
52	Did the organization complete Schedule A? completed Schedule A	Note. All section 501(c)	(3) Organizations must a	uacii a	▶ Yes X No				
Under	r penalties of perjury, I declare that I have examined	this return, including accomp	panying schedules and state	ments, and to the best of	my knowledge and				
	it is true, correct, and complete. Declaration of prepare								
		111/		M	119.00				
Sigi	- Jaune	1mm/		1/ans	11,6015				
Her	Signature of officer								
	Laurie Honnigfor Type or print name and title		Mallaging	Director					
_	Print/Type preparer's name	Preparer's signate	ire 1 0 1 Date	e Check	if PTIN				
Paid		Town &	- CAA 5	0/5	nployed P01239846				
	parer Firm's name ▶Sims Co CPAs		7	Firm's EIN	▶75-2994546				
Use	Only Firm's >5100 Thimsen		40	Phone no.	952-474-8630				
	address MINNETONKA M				N V V No				
	the IRS discuss this return with the prep	arer snown above? S	ee instructions		▶ X Yes No Form 990-EZ (2014)				
BCA					(2014)				

International Association of Geosynthetics Installers Board of Directors 2014

President Todd Harman

Hallaton, Inc. 1206 Sparks Road Sparks, MD 21152 Phone: (410) 583-7700 Mobile: (251) 751-0880

Fax: (410) 583-7720 tharman@hallaton.com Elected: January 2006

2nd Vice President Nicky Araujo

CEO President
Servicios de Ingenieria Geosintetica, S.A.

Del Trianqulo de Rohrmoser, 400 n 25 e Payas, San Jose Costa Rica Phone: (506) 231-4238

Mobile: (786) 239-0827 Fax: (506) 290-2118 Email: geosigsa@ice.co.cr Elected: January 2008

Director

Bill Shehane

Seaman Corp 442 South Main Street Suite 2 Davidson, NC 28036 Phone: 1 (704) 987-0055 Mobile:

Fax: 1 (704) 987-0140 Email: <u>bshehane@seamancorp.com</u> Elected: January 2008

Director

John McElhatton
Nilex Civil Environmental Group
9304 – 39 Avenue NW
Edmonton, AB Canada
T6E 6L8
Phone: (780) 463-9535

Mobile: Fax: (780) 463-1773 imcelhatton@nilex.com Elected: January 2013

Managing Director Laurie Honnigford

The Honnigford Group, LLC PO Box 18012 St. Paul, MN 55118-0012 Phone: (651) 554-1895 Cellular: (651) 398-6975 Fax: (612) 235-6484

lagi@iagi.org
Ex officio

1st Vice President Max Brady

DDT Liners 20 Carroll Street P.O. Box 6493

Toowoomba , Queensland 4350 Australia Phone: 61-7-4633-7134

> Mobile: Fax: 61-7-4633-0233 EMAIL: max@ddtliners.com.au

Nominated: July 2011 Treasurer

Chris Eichelberger

American Environmental Group LTD 3600 Brecksville Road, Suite 100 Richfield, OH 44286 Phone: (330) 659-5930 Mobile: (330) 352-0363 Fax: (330) 659-5931

Email: <u>ceichelberger@aegl.net</u> Elected: January 2011

Director

"Demo" Dave McLaury

DEMTECH Services, Inc. P.O. Box 2165

Placerville, CA 95667 Phone: (530) 621-3200 or (888) 324-9353

Mobile: (530) 409-1603
Fax: (530) 621-0150

<u>Demodave@demtech.com</u>

Elected: January 2004

Director John Heap

Colorado Lining International 1062 Singing Hills Road Parker, CO 80138-4653 Phone: (303) 951-5911 Mobile: (303) 885-0262 Fax: (303) 841-5780 iheap@coloradolining.com Elected: January 2006

Immediate Past President / Director Brian McKeown

Clean Air & Water Systems 123 Elm Street PO Box 337 Dousman, WI 53118 Phone: (262) 965-4366

Phone: (262) 965-4366 Cellular: (262) 269-6073 Fax: (262) 965-4369

bmckeown@caawsystems.com Elected: January 2004