

# Short Form Return of Organization Exempt From Income Tax

## 2016

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

- ▶ 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](http://www.irs.gov/form990).

<b>A</b> For the 2016 calendar year, or tax year beginning _____, and ending _____													
<b>B</b> Check if applicable:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization International Assn. of Geosynthetic</td> <td><b>D</b> Employer identification number 41-1827177</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 8357 N Rampart Range Rd 106 PMB 154</td> <td><b>E</b> Telephone number 720-353-4977</td> </tr> <tr> <td>City or town State ZIP code Roxborough CO 80125-9365</td> <td colspan="2"></td> </tr> <tr> <td>Foreign country name Foreign province/state/county Foreign postal code</td> <td colspan="2"></td> </tr> </table>	<b>C</b> Name of organization International Assn. of Geosynthetic		<b>D</b> Employer identification number 41-1827177	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 8357 N Rampart Range Rd 106 PMB 154		<b>E</b> Telephone number 720-353-4977	City or town State ZIP code Roxborough CO 80125-9365			Foreign country name Foreign province/state/county Foreign postal code		
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City or town State ZIP code Roxborough CO 80125-9365													
Foreign country name Foreign province/state/county Foreign postal code													
<input type="checkbox"/> Address change													
<input type="checkbox"/> Name change													
<input type="checkbox"/> Initial return													
<input type="checkbox"/> Final return/terminated													
<input type="checkbox"/> Amended return													
<input type="checkbox"/> Application pending													
<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____	<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).												
<b>I</b> Website: ▶ _____													
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 6 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527													
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other _____													
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 106,319.													

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	
	2	Program service revenue including government fees and contracts . . . . .	2	54,319.
	3	Membership dues and assessments . . . . .	3	52,000.
	4	Investment income . . . . .	4	
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	
	5b	Less: cost or other basis and sales expenses . . . . .	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b		
c	Less: direct expenses from gaming and fundraising events . . . . .	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d		
7a	Gross sales of inventory, less returns and allowances . . . . .	7a		
b	Less: cost of goods sold . . . . .	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		
8	Other revenue (describe in Schedule O) . . . . .	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	9	106,319.	
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	
	13	Professional fees and other payments to independent contractors . . . . .	13	49,921.
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	
	15	Printing, publications, postage, and shipping . . . . .	15	9,193.
	16	Other expenses (describe in Schedule O) . . . . .	16	51,484.
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	17	110,598.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	(4,279.)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	65,467.
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶	21	61,188.



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

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.
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.
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37 b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39 a Initiation fees and capital contributions included on line 9.
39 b Gross receipts, included on line 9, for public use of club facilities.
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955.
40 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
40 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed.
42 a The organization's books are in care of Laurie Honnigford Telephone no. 720-353-4977
Located at 8537 N Rampa city LITTLETON ST CO ZIP + 4 80125
42 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 account)?
42 c At any time during the calendar year, did the organization maintain an office outside the United States?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year.
44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . .

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . .

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .

49 a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

b If "Yes," was the related organization a section 527 organization? . . . . .

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000 . . . . .

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . . . . .

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 preparer has any knowledge.

Sign Here Signature of officer Laurie Honnigford Date Managing Director Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Thomas G Sims Preparer's signature Date Check self-employed if PTIN P01239846 Firm's name Sims Co CPAs Firm's EIN 75-2994546 Firm's address 5100 Thimsen Ave Sui MINNETONKA MN 55345- Phone no. 952-474-8630

May the IRS discuss this return with the preparer shown above? See instructions . . . . .

# International Association of Geosynthetics Installers

## Board of Directors 2016

### **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](mailto:tharman@hallaton.com)  
Elected: January 2006

### **2<sup>nd</sup> Vice President**

**Nicky Araujo**  
CEO President  
Servicios de Ingenieria Geosintetica, S.A.  
Del Triangulo 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](mailto: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: [bshehane@seamancorp.com](mailto:bshehane@seamancorp.com)  
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  
[jmcelhatton@nilex.com](mailto:jmcelhatton@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  
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[laurie@iagi.org](mailto:laurie@iagi.org)  
Ex officio

### **1st Vice President**

**Max Brady**  
DDT Liners  
20 Carroll Street  
P.O. Box 6493  
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Phone: 61-7-4633-7134  
Mobile:  
Fax: 61-7-4633-0233  
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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: [ceichelberger@aeql.net](mailto:ceichelberger@aeql.net)  
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  
[Demodave@demotech.com](mailto:Demodave@demotech.com)  
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  
[jheap@coloradolining.com](mailto:jheap@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  
Cellular: (262) 269-6073  
Fax: (262) 965-4369  
[bmckeown@caawsystems.com](mailto:bmckeown@caawsystems.com)  
Elected: January 2004