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Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2016

Open to Public
InspectionDepartment 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

A For the 2016 calendar year, or tax year beginning _____ and ending _____					
B Check if applicable		C Name of organization THE GATEWAY CHAPTER OF THE ASSOCIATION OF LEGAL ADMINISTRATORS		D Employer identification number 43-1730693	
<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		Number and street (or P.O. box, if mail is not delivered to street address) 8909 LADUE ROAD		Room/suite 314-991-4999	
		City or town, state or province, country, and ZIP or foreign postal code SAINT LOUIS, MO 63124		F Group Exemption Number ►	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____				H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ► WWW.ALAGATEWAY.ORG					
J 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					
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other					
L 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				► \$ 145,839.	
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 <input checked="" type="checkbox"/>					
SEE SCHEDULE O					
Revenue 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 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) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	1 2 3 4 5a 5b 5c 6a 6b 6c 6d 7a 7b 7c 8 9 145,839.				
SEE SCHEDULE O					
Expenses 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16	10 11 12 13 5,000. 14 15 16 166,568. 17 173,568.				
SEE SCHEDULE O					
Net Assets 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	18 <27,729. > 19 94,441. 20 0. 21 66,712.				

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)

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THE GATEWAY CHAPTER OF THE

Form 990-EZ (2016)

ASSOCIATION OF LEGAL ADMINISTRATORS

43-1730693

Page 2

Part II Balance Sheets (see the instructions for Part II)

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

X

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	90,441.22	62,914.
23 Land and buildings		23
24 Other assets (describe in Schedule O)	4,000.24	3,798.
25 Total assets	94,441.25	66,712.
26 Total liabilities (describe in Schedule O)	0.26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	94,441.27	66,712.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	PRESENTED ANNUAL WORKSHOP/CONFERENCE FOR CHAPTER MEMBERS TO LEARN ABOUT NEW LEGAL TRENDS, PRODUCTS, AND SERVICES		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	24,993.
29	SPONSORED MEMBERS' ATTENDANCE AT ANNUAL INTERNATIONAL, REGIONAL AND SPECIALTY CONFERENCES		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	62,105.
30	PRESENTED A BROAD RANGE OF EDUCATIONAL PROGRAMS, INCLUDING MONTHLY MEMBER MEETINGS, PROGRAMS FOR MEMBERS AND THEIR MANAGING PARTNERS, AND PROGRAMS TO PROMOTE DIVERSITY		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	45,269.
31	Other program services (describe in Schedule O) SEE SCHEDULE O		
	(Grants \$ 2,000.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	9,112.
32	Total program service expenses (add lines 28a through 31a)		► <input type="checkbox"/> 32 141,479.

Part IV List of Officers, Directors, Trustees, and Key Employees

(List each one even if not compensated - see the instructions for Part IV)

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

THE GATEWAY CHAPTER OF THE

Form 990-EZ (2016) ASSOCIATION OF LEGAL ADMINISTRATORS

43-1730693

Page 3

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 Sch. 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 33

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

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

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b

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? If "Yes," complete Schedule C, Part III 35c

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. 37b

b Did the organization file Form 1120-POL for this year? 38a

38a 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? 38b

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a

39 Section 501(c)(7) organizations. Enter: 39b

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 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 40b

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? If "Yes," complete Schedule L, Part I 40c

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 40d

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e

41 List the states with which a copy of this return is filed NONE

42a The organization's books are in care of DONNA SOBKOVIAK Telephone no. 314-991-4999

Located at 8909 LADUE ROAD, SAINT LOUIS, MO ZIP + 4 63124

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)? 42b

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). 42c

c At any time during the calendar year, did the organization maintain an office outside the United States? 42c

If "Yes," enter the name of the foreign country:

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 43 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

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

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

Yes	No
-----	----

33	X
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34	X
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35a	X
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35b	N/A
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35c	X
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36	X
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37b	X
-----	---

38a	X
-----	---

38b	N/A
-----	-----

39a	N/A
-----	-----

39b	N/A
-----	-----

40b	N/A
-----	-----

40c	N/A
-----	-----

40d	N/A
-----	-----

40e	X
-----	---

Yes	No
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42b	X
-----	---

42c	X
-----	---

Yes	No
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44a	X
-----	---

44b	X
-----	---

44c	X
-----	---

44d	
-----	--

45a	X
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45b	
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Yes	No
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THE GATEWAY CHAPTER OF THE
ASSOCIATION OF LEGAL ADMINISTRATORS

43-1730693

Page 4

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

	Yes	No
46		X

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 Sch. C, Part II

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

49a 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."

(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 employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

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." N/A

(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 ► Yes No

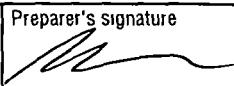
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign
Here

► *Donna Sobkoviak*
Signature of officer

15/15/2017
Date

► DONNA SOBKOVIAK, TREASURER
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name MATT FINKE	Preparer's signature 	Date 5-12-17	Check <input type="checkbox"/> if self-employed	PTIN P01315711
	Firm's name ► RUBINBROWN, LLP			Firm's EIN ► 43-0765316	
	Firm's address ► ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105			Phone no. (314) 290-3300	

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

► Yes No

Form 990-EZ (2016)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.► Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016
Open to Public
Inspection

Name of the organization

THE GATEWAY CHAPTER OF THE
ASSOCIATION OF LEGAL ADMINISTRATORSEmployer identification number
43-1730693**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:****DESCRIPTION OF PROPERTY:** **AMOUNT:**INVESTMENT INCOME 36.**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:****DESCRIPTION OF OTHER EXPENSES:** **AMOUNT:**BANK CHARGES 2,432.DONATIONS AND MEMORIALS 833.GIFTS TO OFFICERS, MEMBERS, AND SPEAKERS 1,520.INSURANCE 125.OFFICE EXPENSES 2,609.MEMBERSHIP AND RECRUITING 3,350.MARKETING AND INCOME TAX PREPARATION 5,078.CONFERENCES 87,098.EDUCATIONAL EVENTS 45,269.COMMUNITY EVENTS 7,580.SOCIAL EVENTS 1,532.MEETING EXPENSES 8,804.MISCELLANEOUS EXPENSE 338.TOTAL TO FORM 990-EZ, LINE 16 166,568.**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:****DESCRIPTION** **BEG. OF YEAR** **END OF YEAR**TRADE WITH VENDORS 4,000. 3,798.**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE PRIMARY PURPOSE OF THE**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2016

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► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization

**THE GATEWAY CHAPTER OF THE
ASSOCIATION OF LEGAL ADMINISTRATORS**

Employer identification number
43-1730693

ORGANIZATION IS TO IMPROVE THE QUALITY OF MANAGEMENT IN LEGAL SERVICE

ORGANIZATIONS, PROMOTE AND ENHANCE THE COMPETENCE AND PROFESSIONALISM

OF LEGAL ADMINISTRATORS AND ALL MEMBERS OF THE MANAGEMENT TEAM,

REPRESENT PROFESSIONAL LEGAL MANAGEMENT AND MANAGERS TO THE LEGAL

COMMUNITY AND TO THE COMMUNITY AT LARGE, STIMULATE THE EXCHANGE OF

INFORMATION ABOUT ALL ASPECTS OF LEGAL PRACTICE MANAGEMENT, AND EDUCATE

THE LEGAL PROFESSION ABOUT THE VALUE AND AVAILABILITY OF LEGAL

ADMINISTRATORS.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

REPRESENTED THE LEGAL COMMUNITY AT VARIOUS CHARITABLE AND COMMUNITY

EVENTS

GRANTS \$ 0. EXPENSES \$ 7,580.

SPONSORED SOCIAL EVENTS TO FACILITATE NETWORKING BETWEEN MEMBERS AND

MEMBERS OF OTHER LEGAL ORGANIZATIONS

GRANTS \$ 0. EXPENSES \$ 1,532.

AWARDED A SCHOLARSHIP TO A DIVERSITY STUDENT DESIRING TO BECOME A LAW

FIRM ADMINISTRATOR

GRANTS \$ 2,000. EXPENSES \$ 0.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

2016

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Internal Revenue Service

THE GATEWAY CHAPTER OF THE [HSC](http://www.hsc.org) | Email: info@hsc.org

Name of the organization

THE GATEWAY CHAPTER OF THE
ASSOCIATION OF LEGAL ADMINISTRATORS

Employer identification number
43-1730693

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.