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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning **2015**, and ending **2015**, and ending **2015**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization: **Chicago Area SA Intergroup**

Number and street (or P O box, if mail is not delivered to street address) Room/suite: **P. O Box 258**

City or town, state or province, country, and ZIP or foreign postal code: **Glen Ellyn, Illinois 60138**

D Employer identification number: **36-4212940**

E Telephone number: **630-415-0341**

F Group Exemption Number: **▶**

G Accounting Method: Cash Accrual Other (specify) **▶**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: **chicagosa.org**

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other **Fellowship Group**

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 **▶** \$ **126,437**

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	Expenses	Net Assets
1 Contributions, gifts, grants, and similar amounts received	10 Grants and similar amounts paid (list in Schedule O)	18 Excess or (deficit) for the year (Subtract line 17 from line 9)
2 Program service revenue including government fees and contracts	11 Benefits paid to or for members	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)
3 Membership dues and assessments	12 Salaries, other compensation, and employee benefits	20 Other changes in net assets or fund balances (explain in Schedule O)
4 Investment income	13 Professional fees and other payments to independent contractors	21 Net assets or fund balances at end of year. Combine lines 18 through 20
5a Gross amount from sale of assets other than inventory	14 Occupancy, rent, utilities, and maintenance	
5b Less: cost or other basis and sales expenses	15 Printing, publications, postage, and shipping	
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16 Other expenses (describe in Schedule O)	
6 Gaming and fundraising events	17 Total expenses. Add lines 10 through 16	
6a Gross income from gaming (attach Schedule G if greater than \$15,000)		
6b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
6c Less: direct expenses from gaming and fundraising events		
6d 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		
7b Less: cost of goods sold		
7c 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		

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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

		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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b _____	
39	Section 501(c)(7) organizations Enter:		
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 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
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		<input checked="" type="checkbox"/>
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 ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ None		
42a	The organization's books are in care of ▶ Chicago Area SA Intergroup Telephone no. ▶ 630-415-0341 Located at ▶ Po Box 258, Glen Ellyn, IL ZIP + 4 ▶ 60138-0258		
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)? 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).		<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		<input checked="" type="checkbox"/>
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 _____		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>

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		<input checked="" type="checkbox"/>

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

	Yes	No
47		<input checked="" type="checkbox"/>

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

48		<input checked="" type="checkbox"/>
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
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b If "Yes," was the related organization a section 527 organization?

49b		
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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
NONE				

f Total number of other employees paid over \$100,000 **NONE**

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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 **NONE**

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
 Signature of officer: *Carlton Berg*
 Date: **February 10, 2017**
 Type or print name and title: **Carlton Berg**

Paid Preparer Use Only
 Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

Chicago Area SA Intergroup

Employer identification number

36-4212940

Part I Revenue, Expenses and Changes

Line 10) Grants and similar amounts paid

The Chicago Area SA Intergroup - Cross Roads of Recovery convention contributed \$34,467 to the following

SAICO - PO Box 3565, Brentwood, TN - \$21,156 (includes \$1,731 for SAICO Correctional Facilities Program)

Chicago SANON Intergroup PO 183, Box Glen Ellyn, IL Shared net proceeds from Cross Roads convention - \$11,061

North Midwest SA Region, PO Box 258, Glen Ellyn, IL - \$2,250

Line 16) Other Expenses \$511 - Cross Roads convention event insurance \$507 and \$4 currency transactions

Part III Statement of Program Accomplishments

SA is a 12 step program for those seeking sexual sobriety similar to AA. Our Intergroup is made up of reps from 45 weekly local meetings.

Line 28 "Cross Roads of Recovery" International SA-SANON Fellowships Convention held in Rosemont Illinois July 2015.

The Chicago Area SA Intergroup and the Chicago SANON Inter Group jointly produced the Cross Roads of Recovery International SA-

SANON Fellowships Convention. The SA and SANON Fellowships are autonomous from each other, but we cooperate together. The

planning for the Convention was by the "Cross Roads of Recovery" committee made up from volunteers from each local Fellowship. The

Convention Committees functional chairs were each filled with co-chairs, one from each fellowship.

The Convention Committee agreed to manage the Conventions Finances under a separate Chicago SA Intergroup's checking

account. The total expenses for the convention were \$105,991. As a result of these expenses the Chicago Area SA Intergroup is

filing this 2015 tax return on form 990 EZ. The two intergroup's have previously held Chicago based joint conventions in 2003 and 2010.

Over 750 fellowship members attended the Cross Roads Convention. The convention curriculum included three joint fellowship speaker

meetings, and over 90 individual fellowship breakout sessions. During the days preceeding the convention, each fellowship held their

individual trustee and delegate business meetings. Each Fellowship reimbursed the Convention for their expenses related to these

business meetings.

Seventh Tradition (free will) contributions from the attendees were collected and donated to the Fellowships as follows: SAICO - \$3,697,

SAICO Correction Facitites - \$1,731, and SANON - \$3,529. Convention net proceeds were divided based on attendance and donated to the

Fellowships as follows: SAICO - \$14,727 and SANON - \$7,533. Total Grants- \$31,217.

Total Convention Revenues were \$105,991 (Donations - \$ 9,078, Registrations - \$ 94,194 and meeting reimbursements - \$2,719)

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

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

Employer identification number

Chicago Area SA Intergroup

36-421940

Total convention expenses less grants were \$74,774 (Occupancy - \$69,950, P,P&S - \$4,312 and other - \$507 Insurance, \$4 currency trans).

Line 29 Fall Weekend retreat - The Chicago Area SA Intergroup annually holds a Fall 3 day week end retreat. Attendance was 66 members.

Attendees are primarily from the Chicago area. Other attendees are from down state Illinois, Indiana, Wisconsin and Iowa. The program consisted of four speaker meetings and 15 break out sessions. The program content focused on working the 12 steps of SA recovery.

Registration revenues were \$11,725. Occupancy expenses for the event were \$9,540. The Seventh Tradition donations and other expense receipts for the retreat have been rolled the Fellowship Support records see Line 30.

Line 30 Fellowship Support - The Chicago Area SA Intergroup performs service work which the individual area meeting groups can not accomplish on their own. The Chicago Area SA Intergroup, working with the Chicago SANON Fellowship, jointly held four open meetings in different locations during the year. These meetings are open to counselors, clergy, therapist, family members educators, health care professionals and the press to learn about the SA and SANON recovery programs. We only ask that our anonymity be respected.

Sharing a table with SANON, we handed out literature and answered questions at the Illinois Addiction Counselors (IAODAPCA) convention.

The SA intergroup participates with other SA Intergroups in six states and two Canadian Provinces in the SA NMW Region. The Region supports the Regional delegates participation in the SA Fellowship General Delagate Assembly.

The Chicago Area SA Intergroup purchases and distributes literature for the 45 member meetings. Literature is purchased from SAICO, SA Publications and AA. Literature revenues and COG are shown on lines 7a, 7b. Net literature revenue was \$2,165.

The Intergroup maintains a local telephone Chicago Area SA HELP line and the ChicagoSA.org web page.

Grant contributions totaled: \$3,250 (\$1,000 SAICO, \$2,250 NMW Region). The Intergroup Revenue totals: \$6,510 - (Contributions received \$4,345, net literature \$2,165). Inter groups expenses totaled: \$2,171 (Occupancy \$1,720, Member Scholarships \$395, Postage \$56).

Note: The Chicago SA Intergroup does not collect or report revenues or expenses of the 45 weekly group meetings. Each weekly meeting group is autonomous.

Line 32 - The Intergroup's total revenue (all activities) was \$124,226. Grants distributed \$34,467. Expenses \$86,485.

Yielding 2015 net income \$3,274.

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

The Chicago Area SA Intergroup is an anonymous fellowship. The Intergroup leaders generally serve for two year terms and they are selected by the group conscience of local meeting representatives that make up the intergroup. Our leaders are trusted servants; they do not govern. We do not have any paid employee positions. Given our anonymity, the list of officer positions are identified by title, first name and last initial. Note the convention and retreat chair positions are presently vacant.

**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

2015

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Department of the Treasury
Internal Revenue Service

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Name of the organization

Chicago Area SA Intergroup

Employer identification number

36-4212940

Schedule O, page 3 990-EZ Part V

Line 34: In August 2009 the name Chicago Area SA Inter group including DBA - Sweet Hope Chicago was approved by the IRS. In 2017 the Intergroup file its 2016 990n e-post card return as Chicago Area SA Intergroup. The DBA is no longer active.

Line 42a - The Chicago Area SA Intergroup does not own or operate any facilities to engage business transactions. Thus the information provided on this line is our HELP line phone number and our PO mail box address.