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## Return of Organization Exempt From Income Tax

2013

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

Open to Public  
InspectionDepartment 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](http://www.irs.gov/form990).

<b>A For the 2013 calendar year, or tax year beginning</b>		January 1	, 2013, and ending	December 31	, 2013
<b>B Check if applicable:</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>	
<input type="checkbox"/> Address change		University of Wisconsin-Madison Panhellenic Association		39-1709374	
<input type="checkbox"/> Name change		Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number	
<input type="checkbox"/> Initial return		833 East Campus Mall		(608) 890-3329	
<input type="checkbox"/> Terminated		City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number ► NA	
<input type="checkbox"/> Amended return		Madison, WI 53706			
<input type="checkbox"/> Application pending					
<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►					
<b>I Website:</b> ► <a href="http://www.cfl.wisc.edu/greeklife.htm">www.cfl.wisc.edu/greeklife.htm</a>					
<b>J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</b>					
<b>K Form of organization:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other					
<b>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. ► \$ 100,130</b>					

**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 0	2 Program service revenue including government fees and contracts . . . . .	2 0	3 Membership dues and assessments . . . . .	3 100,130	4 Investment income . . . . .	4 0
	6 Gaming and fundraising events . . . . .							
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a 0						
	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 0						
	c Less: direct expenses from gaming and fundraising events . . . . .	6c 0						
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d 0						
	7a Gross sales of inventory, less returns and allowances . . . . .	7a 0						
	b Less: cost of goods sold . . . . .	7b 0						
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c 0						
	8 Other revenue (describe in Schedule O) . . . . .	8 0						
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 100,130						
Net Assets	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 0						
	11 Benefits paid to or for members . . . . .	11 0						
	12 Salaries, other compensation, and employee benefits . . . . .	12 0						
	13 Professional fees and other payments to independent contractors . . . . .	13 4,750						
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 2,840						
	15 Printing, publications, postage, and shipping . . . . .	15 7,430						
	16 Other expenses (describe in Schedule O) . . . . .	16 42,542						
	17 Total expenses. Add lines 10 through 16 ►	17 57,562						
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 42,568						
	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 36,161						
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 0						
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 78,729						

<b>Part II Balance Sheets (see the instructions for Part II)</b>		Check if the organization used Schedule O to respond to any question in this Part II <input checked="" type="checkbox"/>	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	36,161	22 78,729
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	<b>Total assets</b>	36,161	25
26	Total liabilities (describe in Schedule O)	(0)	26
27	<b>Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	36,161	27 78,729

<b>Part III Statement of Program Service Accomplishments (see the instructions for Part III)</b>		Check if the organization used Schedule O to respond to any question in this Part III <input type="checkbox"/>	
What is the organization's primary exempt purpose? To provide programming for the Greek community			
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
28	Speakers on sexual health, risk awareness, alcohol awareness	(Grants \$ <input type="checkbox"/> If this amount includes foreign grants, check here ► <input type="checkbox"/> 28a 2,350	
Sponsor speakers to raise awareness of issues that are relevant to college-age women			
29	Greek Week unity activities	(Grants \$ <input type="checkbox"/> If this amount includes foreign grants, check here ► <input type="checkbox"/> 29a 5,442	
Provide funding for activities designed to bring members of the Greek system together			
30	Various Philanthropies	(Grants \$ <input type="checkbox"/> If this amount includes foreign grants, check here ► <input type="checkbox"/> 30a 1,748	
Provide funding for charities supported by the Greek system			
31	Other program services (describe in Schedule O)	(Grants \$ <input type="checkbox"/> If this amount includes foreign grants, check here ► <input type="checkbox"/> 31a)	
32	<b>Total program service expenses (add lines 28a through 31a)</b>	► <input type="checkbox"/> 32 9,540	

<b>Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)</b>					
Check if the organization used Schedule O to respond to any question in this Part IV <input type="checkbox"/>					
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation	
Tracy Griffin	20	0	0		
President		0	0		
Savannah Finney	10	0	0		
VP Programming and Leadership		0	0		
Katie Stahre	10	0	0		
VP Finance and Operations		0	0		
Sydney Peters	10	0	0		
VP Scholarship	15	0	0		
Liz Asher		0	0		
VP Recruitment	15	0	0		
Emile Klos		0	0		
VP Recruitment		0	0		
Kallie Delveaux	10	0	0		
VP Civic Engagement		0	0		
Sarah Laudon	10	0	0		
VP Risk Management		0	0		
Margaret Murray	10	0	0		
VP Public Relations		0	0		
Elise Wirkus	10	0	0		
VP New Member Education		0	0		
Monica Raven	10	0	0		
Chief Justice		0	0		

**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	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	37a	0
b Did the organization file Form 1120-POL for this year?	37b	/
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?	38a	/
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	40b	/
b Section 501(c)(3) and 501(c)(4) 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		
c Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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	40e	/
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► Katie Stahre Telephone no. ► (262) 490-7166		
Located at ► 333 East Campus Mall, Madison WI ZIP + 4 ► 53706		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	/
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: ►	42c	/
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		
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	/
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-EZ (see instructions)	45b	/

		Yes	No
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	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

		Yes	No
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	47	<input type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>
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

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

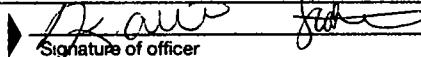
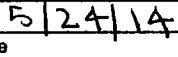
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 and 4947(a)(1) nonexempt charitable trusts 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.

<b>Sign Here</b>		
	Signature of officer Katie Stahre, VP Finance and Operations Type or print name and title	Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**Open to Public  
Inspection

Name of the organization

University of Wisconsin-Madison Panhellenic Association

Employer identification number

39-1709374

**Part I, Line 16 Description of Other Expenses**

Programming	\$29,401
Banquets	\$2,285
Conventions	\$8,506
Speaker on Sexual Health, Risk Awareness, Alcohol Awareness	\$2,350
<b>Total</b>	<b>\$42,542</b>

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**Name of the organization**

**Employer identification number**