



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2015**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](http://www.irs.gov/form990).**A For the 2015 calendar year, or tax year beginning****and ending**

B Check if applicable

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

## C Name of organization

**UNIVERSITY OF WISCONSIN- MADISON  
PANHELLENIC ASSOCIATION**

Number and street (or P.O. box, if mail is not delivered to street address)

**716 LANGDON ST**

## D Employer identification number

**39-1709374**

## E Telephone number

**(608) 890-3329**F Group Exemption  
Number ►H Check ►  if the organization is  
not required to attach Schedule B  
(Form 990, 990-EZ, or 990-PF).G Accounting Method:  Cash  Accrual Other (specify) ►I Website: ► [WWW.CFLI.WISC.EDU/GREEKLIFE.HTM](http://WWW.CFLI.WISC.EDU/GREEKLIFE.HTM)J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 4 ) (insert no.)  4947(a)(1) or  527K Form of organization:  Corporation  Trust  Association  OtherL 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 ► \$ **124,948.****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 

1 Contributions, gifts, grants, and similar amounts received	1	<b>4,000.</b>
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	<b>98,558.</b>
4 Investment income	4	<b>13.</b>
5a Gross amount from sale of assets other than inventory	5a	
b Less: cost or other basis and sales expenses	5b	
c 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>16,572.</b>
b Less: cost of goods sold	7b	<b>26,486.</b>
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<b>-9,914.</b>
8 Other revenue (describe in Schedule O)	8	<b>5,805.</b>
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<b>98,462.</b>
10 Grants and similar amounts paid (list in Schedule O)	10	<b>6,641.</b>
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	<b>6,570.</b>
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	<b>3,820.</b>
16 Other expenses (describe in Schedule O)	16	<b>42,353.</b>
17 Total expenses. Add lines 10 through 16	17	<b>59,384.</b>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>39,078.</b>
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	<b>105,595.</b>
20 Other changes in net assets or fund balances (explain in Schedule O)	20	<b>11,549.</b>
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	<b>156,222.</b>

Expenses

Net Assets

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

**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 

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	105,595.	22 156,222.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	105,595.	25 156,222.
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)	105,595.	27 156,222.

**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 What is the organization's primary exempt purpose? SEE SCHEDULE O

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

Expenses  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)**28 THE PANHELLENIC ASSOCIATION SPONSORS SPEAKERS ON SEXUAL HEALTH, RISK AWARENESS, AND ALCOHOL AWARENESS TO RAISE AWARENESS ABOUT ISSUES RELEVANT TO COLLEGE AGED WOMEN.**(Grants \$ 1,014. ) If this amount includes foreign grants, check here 

28a 10,738.

**29 SEE SCHEDULE O**(Grants \$ 4,828. ) If this amount includes foreign grants, check here 

29a 32,215.

**30 THE PANHELLENIC ASSOCIATION PROVIDES FUNDING TO VARIOUS PHILANTHROPIES AND CHARITIES SUPPORTED BY THE GREEK SYSTEM.**(Grants \$ 800. ) If this amount includes foreign grants, check here 

30a 800.

**31 Other program services (describe in Schedule O)**(Grants \$ ) If this amount includes foreign grants, check here 

31a

**32 Total program service expenses (add lines 28a through 31a)**

32

43,753.

**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 

(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
SARAH SCHEUER	15.00	0.	0.	0.
PRESIDENT				
ALISON PETERS	12.00	0.	0.	0.
CHIEF JUSTICE				
ALLI TRAN	7.00	0.	0.	0.
VP- PROGRAMMING				
MADDY WATCHMAKER	10.00	0.	0.	0.
VP-FINANCE AND OPERATIONS				
KATIE ZIBERT	8.00	0.	0.	0.
VP- CIVIC ENGAGEMENT				
EMILY EGGE	10.00	0.	0.	0.
VP- RISK MANAGEMENT				
JACKIE ORNER	6.00	0.	0.	0.
VP- PUBLIC RELATIONS				
HANNAH BLUM	10.00	0.	0.	0.
VP- EXTERNAL RECRUITMENT				
ASHLEY ZENNER	10.00	0.	0.	0.
VP- INTERNAL RECRUITMENT				
SARA ZENT	6.00	0.	0.	0.
VP- NEW MEMBER EDUCATION				
JOEY STUPPNIG	6.00	0.	0.	0.
VP- SCHOLARSHIP				

UNIVERSITY OF WISCONSIN- MADISON  
PANHELLENIC ASSOCIATION

Form 990-EZ (2015)

39-1709374

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  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  X

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 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  N/A

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  X

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  X

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

b Did the organization file Form 1120-POL for this year? 37b  X

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  X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  N/A

39 Section 501(c)(7) organizations. Enter:  
 a Initiation fees and capital contributions included on line 9 39a  N/A  
 b Gross receipts, included on line 9, for public use of club facilities 39b  N/A

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  X

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  0.

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  0.

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  X

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

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

42a The organization's books are in care of ► MADELINE WATCHMAKER Telephone no. ► (608) 890-3329  
 Located at ► 716 LANGDON ST, 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: ► 42b  X

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ► 42c  X

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  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 explanation in Schedule O 44d

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

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

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

47	
48	
49a	
49b	

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	► <i>Maddie Watchmaker</i>	<i>11/15/16</i>
	Signature of officer	Date
	► <b>MADELINE WATCHMAKER, VP FINANCE AND OPERATIONS</b>	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SCOTT HAUMERSEN, CPA	<i>SCOTT HAUMERSEN CAA</i>	<i>11/15/16</i>		P00084908
	Firm's name ► WEGNER CPAS, LLP			Firm's EIN ► 39-0974031	
	Firm's address ► 2110 LUANN LANE MADISON, WI 53713			Phone no. 608-274-4020	

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

Form 990-EZ (2015)

**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

**2015**Open to Public  
Inspection

Name of the organization

UNIVERSITY OF WISCONSIN- MADISON  
PANHELLENIC ASSOCIATIONEmployer identification number  
39-1709374**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:****DESCRIPTION OF PROPERTY:****AMOUNT:****INTEREST****13.****FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:****INCOME:**

<b>1. GROSS RECEIPTS</b>	<b>16,572.</b>
<b>2. RETURNS AND ALLOWANCES</b>	<b>0.</b>
<b>3. LINE 1 LESS LINE 2</b>	<b>16,572.</b>
<b>4. COST OF GOODS SOLD (LINE 13)</b>	<b>26,486.</b>
<b>5. GROSS PROFIT (LINE 3 LESS LINE 4)</b>	<b>-9,914.</b>

**COST OF GOODS SOLD:**

<b>6. INVENTORY AT BEGINNING OF YEAR</b>	<b>0.</b>
<b>7. MERCHANDISE PURCHASED</b>	<b>26,486.</b>
<b>8. COST OF LABOR</b>	<b>0.</b>
<b>9. MATERIALS AND SUPPLIES</b>	<b>0.</b>
<b>10. OTHER COSTS</b>	<b>0.</b>
<b>11. ADD LINES 6 THROUGH 10</b>	<b>26,486.</b>
<b>12. INVENTORY AT END OF YEAR</b>	<b>0.</b>
<b>13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)</b>	<b>26,486.</b>

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:****DESCRIPTION OF OTHER REVENUE:****AMOUNT:****OTHER REVENUE****5,805.****FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
532211  
09-02-15

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

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceComplete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

2015

Open to Public  
Inspection

Name of the organization

UNIVERSITY OF WISCONSIN- MADISON  
PANHELLENIC ASSOCIATIONEmployer identification number  
39-1709374

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
<u>OFFICE EXPENSES</u>	<u>6,132.</u>
<u>CONFERENCES, CONVENTIONS, AND MEETINGS</u>	<u>26,031.</u>
<u>TRAVEL</u>	<u>1,536.</u>
<u>INSURANCE</u>	<u>2,893.</u>
<u>INFORMATION TECHNOLOGY</u>	<u>2,374.</u>
<u>MISCELLANEOUS</u>	<u>3,387.</u>
<u>TOTAL TO FORM 990-EZ, LINE 16</u>	<u>42,353.</u>

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

<u>CHANGES IN NET ASSETS OR FUND BALANCES:</u>	<u>AMOUNT:</u>
<u>PRIOR PERIOD ADJUSTMENT</u>	<u>11,549.</u>

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE PROGRAMMING FOR  
THE GREEK COMMUNITY AT THE UNIVERSITY OF WISCONSIN- MADISON.FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:  
THE PANHELLENIC ASSOCIATION PROVIDES FUNDING FOR GREEK  
WEEK UNITY ACTIVITIES, WHICH ARE DESIGNED TO BRING MEMBERS  
OF THE GREEK SYSTEM TOGETHER. ALSO PROVIDES FUNDING FOR  
MEMBERS TO ATTEND THE ASSOCIATION OF FRATERNAL VALUES AND LEADERSHIP  
CONFERENCE. OTHER PROGRAMS SUPPORTED INCLUDE THE ALL GREEK BANQUET,  
SCHOLARSHIP BANQUET, AND FALL SISTERHOOD EVENT.