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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning **August 1**, 2007, and ending **July 31**, 20 **08**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Termination
 - Amended return
 - Application pending

C Name of organization
Organization Services, Inc.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5940 Seminole Centre Court 102

City or town, state or country, and ZIP + 4
Madison, Wisconsin 53711-5136

D Employer identification number
39 1034026

E Telephone number
(608) 288-1414

F Accounting method: Cash Accrual
 Other (specify) ▶

Q Website: ▶

J Organization type (check only one) ▶ 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and **I** are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **277,852.00**

I Group Exemption Number ▶

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:			
a	Contributions to donor advised funds	1a	
b	Direct public support (not included on line 1a)	1b	
c	Indirect public support (not included on line 1a)	1c	
d	Government contributions (grants) (not included on line 1a)	1d	
e	Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	277,852.00
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	
5	Dividends and interest from securities	5	
6a	Gross rents	6a	
6b	Less: rental expenses	6b	
6c	Net rental income or (loss). Subtract line 6b from line 6a	6c	
7	Other investment income (describe ▶ _____)	7	
8a	Gross amount from sales of assets other than inventory	8a	
8b	Less: cost or other basis and sales expenses	8b	
8c	Gain or (loss) (attach schedule)	8c	
8d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
9a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a	
9b	Less: direct expenses other than fundraising expenses	9b	
9c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	
10a	Gross sales of inventory, less returns and allowances	10a	
10b	Less: cost of goods sold	10b	
10c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
11	Other revenue (from Part VII, line 103)	11	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	277,852.00
13	Program services (from line 44, column (B))	13	
14	Management and general (from line 44, column (C))	14	
15	Fundraising (from line 44, column (D))	15	
16	Payments to affiliates (attach schedule)	16	
17	Total expenses. Add lines 16 and 44, column (A)	17	277,852.00
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	4,000.00
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	4,000.00

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	94,785.00		
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	None		
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c	26	81,114.00		
27	Pension plan contributions not included on lines 25a, b, and c	27	758.00		
28	Employee benefits not included on lines 25a - 27	28	22,950.00		
29	Payroll taxes	29	11,454.00		
30	Professional fundraising fees	30			
31	Accounting fees	31	6,750.00		
32	Legal fees	32			
33	Supplies	33	1,781.00		
34	Telephone	34	465.00		
35	Postage and shipping	35	10,227.00		
36	Occupancy	36	28,156.00		
37	Equipment rental and maintenance	37			
38	Printing and publications	38	390.00		
39	Travel	39	726.00		
40	Conferences, conventions, and meetings	40	133.00		
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize). See Statement 1	43a	18,163.00		
a	-----	43b			
b	-----	43c			
c	-----	43d			
d	-----	43e			
e	-----	43f			
f	-----	43g			
g	-----				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	277,852.00		

Joint Costs. Check If you are following SOP 99-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ See Statement 2	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a Provide administrative services to various tax exempt organizations for promotions of education and industry. (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
b (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services). . . . ▶	

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(E) End of year
Assets	45 Cash—non-interest-bearing	994.00	45	18,232.00
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	32,972.00		
	b Less: allowance for doubtful accounts		47c	32,972.00
	47b	68,269.00		
	48a Pledges receivable		48a	
	b Less: allowance for doubtful accounts		48b	
	48b		48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)		51a	
	b Less: allowance for doubtful accounts		51b	
	51b		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55a Investments—land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation (attach schedule)	55b	55c		
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation (attach schedule)	57b	57c		
58 Other assets, including program-related investments (describe ► See Statement 3)	355.00	58	355.00	
59 Total assets (must equal line 74). Add lines 45 through 58	69,619.00	59	51,559.00	
Liabilities	60 Accounts payable and accrued expenses	18,922.00	60	14,334.00
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ► See Statement 4)	46,969.00	65	33,225.00
66 Total liabilities. Add lines 60 through 65	65,618.00	66	47,559.00	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	4,000.00	67	4,000.00
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	4,000.00	73	4,000.00	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	69,619.00	74	51,559.00	

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<input checked="" type="checkbox"/>
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	[82b] N/A		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	[84b]		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		<input checked="" type="checkbox"/>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<input checked="" type="checkbox"/>	
c	Dues, assessments, and similar amounts from members	[85c]	
d	Section 162(e) lobbying and political expenditures	[85d]	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	[85e]	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	[85f]	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	[85g]	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	[85h]	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	[86a] N/A	
b	Gross receipts, included on line 12, for public use of club facilities	[86b] N/A	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	[87a] N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	[87b] N/A	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	[88a]	<input checked="" type="checkbox"/>
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	[88b]	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	[89a]	
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	[89b]	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	[89c]	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶	[89d]	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	[89e]	<input checked="" type="checkbox"/>
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	[89f]	<input checked="" type="checkbox"/>
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	[89g]	
90a	List the states with which a copy of this return is filed ▶ NONE		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	[90b]	5
91a	The books are in care of ▶ Marcie M. Marquardt Telephone no. ▶ (608) 288-1414 Located at ▶ Madison, Wisconsin ZIP + 4 ▶ 53711-5136		
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.	[91b]	<input checked="" type="checkbox"/>

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Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**

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

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Administrative services for member organizations					277,852.00
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					277,852.00
105 Total (add line 104, columns (B), (D), and (E))					277,852.00

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	Administrative service fees used to service other tax exempt organizations at inexpensive rates.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer: *Marvin M. Mergkanda* Date: 9/24/10

Type or print name and title: Marvin M. Mergkanda, Executive Vice President

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen. Inst. X): _____

EIN: _____ Phone no.: () _____

ORGANIZATION SERVICES, INC. - 2007

39-1034026

FORM 990, PART II -- OTHER EXPENSES

	<u>AMOUNT</u>
BANK SERVICE FEES	\$ 4,097.00
COMPUTER COSTS	\$ 831.00
COPIER LEASE	\$ 2,900.00
DUES	\$ 562.00
EDUCATION	\$ 190.00
EQUIPMENT	\$ 147.00
INSURANCE	\$ 1,383.00
MISCELLANEOUS	\$ 565.00
PENSION PLAN FEES	\$ 1,539.00
PERSONAL PROPERTY TAX	\$ 61.00
SYMPATHY & APPRECIATION	\$ 1,076.00
UTILITIES	\$ 4,812.00
TOTAL	<u>\$ 18,163.00</u>

ORGANIZATION SERVICES, INC.

39-1034026

FORM 990, PART III -- ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PERFORM ADMINISTRATIVE SERVICES FOR NON PROFIT ORGANIZATIONS,
INDUSTRY PROMOTION AND EDUCATION.

STATEMENT 2

ORGANIZATION SERVICES, INC.

39-1034026

FORM 990, PART IV -- OTHER ASSESTS

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
SECURITY DEPOSIT	\$ 355.00	\$ 355.00
TOTAL	<u>\$ 355.00</u>	<u>\$ 355.00</u>

STATEMENT 3

ORGANIZATION SERVICES, INC.

39-1034026

FORM 990, PART IV -- OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DUE TO MSC	\$ 19,424.00	\$ 16,111 00
DUE TO MAPC	\$ 26,412.00	\$ 17,114 00
DEFERRED REVENUE	\$ 860.00	\$ -
TOTAL	<u>\$ 46,696.00</u>	<u>\$ 33,225.00</u>

ORGANIZATION SERVICES, INC.

39-1034026

FORM 990, PART V -- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
MARCIE MARQUARDT 5940 SEMINOLE CENTRE CT. MADISON, WI 53711	EXECUTIVE VICE PRES FULL-TIME	\$ 78,070.00	\$ 16,715.00	NONE
DALE ARNDT 201 S. RAILROAD STREET BROOKLYN, WI 53521	PRESIDENT PART VOLUNTEER	NONE	NONE	NONE
ASHOK K. CHOPRA 2920 PERRY STREET MADISON, WI 53713	VICE PRES PART VOLUNTEER	NONE	NONE	NONE
BRADY FARRELL P.O. BOX 44267 MADISON, WI 53744-4267	SECRETARY PART VOLUNTEER	NONE	NONE	NONE
ROBERT PERTZBORN 802 JOHN NOLEN DRIVE MADISON, WI 53713	TREASURER PART VOLUNTEER	NONE	NONE	NONE

ORGANIZATION SERVICES, INC.

39-1034026

FORM 990, PART VI -- NAMES OF RELATED ORGANIZATIONS

MADISON AREA MECHANICAL AND SHEET METAL CONTRACTORS ASSOCIATION, INC.
MADISON ASSOCIATION OF PLUMBING CONTRACTORS, INC.

STATEMENT 6