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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
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)
 ▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150
2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 09-01-2008, and ending 08-31-2009

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

C Name of organization: PROFESSIONAL DIMENSIONS INC
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite: 1915 NORTH MARTIN LUTHER KING DRIVE
 City or town, state or country, and ZIP + 4: MILWAUKEE, WI 53212

D Employer identification number: 39-1306562
E Telephone number: (414) 374-3570
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)

K Check if the organization is not a section 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.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 162,484

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (attach schedule)	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 (attach explanation)
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) (attach schedule)	16	Other expenses (describe ▶)		
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	17	Total expenses (add lines 10 through 16)		
6a	Gross revenue (not including \$_____ of contributions reported on line 1)				
6b	Less direct expenses other than fundraising expenses				
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				
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 ▶)				
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)				

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	67,975	80,791
23	Land and buildings		
24	Other assets (describe ▶)	203	68
25	Total assets	68,178	80,859
26	Total liabilities (describe ▶)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	68,178	80,859

Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO PROMOTE THE PROFESSIONAL GROWTH OF WOMEN		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28 TO PROMOTE THE PROFESSIONAL GROWTH OF WOMEN AND TO FOSTER A SOCIAL & BUSINESS EXCHANGE OF IDEAS AMONG WOMEN THROUGH VARIOUS MEMBER ACTIVITIES (APPROX 390 MEMBERS) (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	64,058
29 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	64,058

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		No
35 <i>If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T</i>			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? <i>If "Yes," complete applicable parts of Schedule N</i>	36		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 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 unpaid at the start of the period covered by this return?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 <i>501(c)(7) organizations.</i> 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 <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
b <i>Section 501(c)(3) and (4) organizations.</i> 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? <i>If "Yes," complete Schedule L, Part I.</i>	40b		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____ 0			
d Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____ 0			
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No
41 List the states with which a copy of this return is filed <input type="checkbox"/> _____			
42a The books are in care of <input type="checkbox"/> <u>LOIS DEE</u> Telephone no <input type="checkbox"/> <u>(414) 374-3570</u> 1915 NORTH MARTIN LUTHER KING DRIVE Located at <input type="checkbox"/> <u>MILWAUKEE, WI</u> ZIP + 4 <input type="checkbox"/> <u>53212</u>			
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	Yes	No
If "Yes," enter the name of the foreign country <input type="checkbox"/> _____			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
If "Yes," enter the name of the foreign country <input type="checkbox"/> _____			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 _____			
44 Did the organization maintain any donor advised funds? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>	44		No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>	45		No

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and

complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b If "Yes," was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

Please Sign Here

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.

Signature of officer: ***** Date: 2010-02-08

BARBARA ARMSTRONG PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Dawn E Wittak Date: 2010-02-08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: SCRIBNER COHEN AND COMPANY SC CPAs
400 EAST MASON STREET SUITE 300
MILWAUKEE, WI 53202

Preparer's PTIN (See Gen Inst X):
EIN: _____
Phone no: (414) 271-1700

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

Additional Data

Software ID:
Software Version:
EIN: 39-1306562
Name: PROFESSIONAL DIMENSIONSINC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ANNE CURLEY 1915 north martin luther king drive MILWAUKEE, WI 53212	VP MEMBERSHIP 09-10 4 00	0	0	0
BARBARA ARMSTRONG 1915 north martin luther king drive MILWAUKEE, WI 53212	PRESIDENT 09-10, PRES-ELECT 0 4 00	0	0	0
MARY KOZIBOSKI 1915 north martin luther king drive MILWAUKEE, WI 53212	DIRECTOR 09-10 2 00	0	0	0
KIMBERLEY NOON 1915 north martin luther king drive MILWAUKEE, WI 53212	VP ADMINISTRATION 08-10 4 00	0	0	0
MARYL PETRIE 1915 north martin luther king drive MILWAUKEE, WI 53212	DIRECTOR 09-10 2 00	0	0	0
MARY DOWELL 1915 north martin luther king drive MILWAUKEE, WI 53212	PRES-ELECT 09-10, DIRECTOR 08 4 00	0	0	0
BETH BAUER 1915 north martin luther king drive MILWAUKEE, WI 53212	DIRECTOR 09-10 2 00	0	0	0
PAMELA KLEIN 1915 north martin luther king drive MILWAUKEE, WI 53212	DIRECTOR 09-10 2 00	0	0	0
THERESA REAGAN 1915 north martin luther king drive MILWAUKEE, WI 53212	DIRECTOR 08-10 2 00	0	0	0
MOLLY QUIRK 1915 north martin luther king drive MILWAUKEE, WI 53212	VP COMMUNICATIONS 08-10 4 00	0	0	0
ANNE TIDMORE 1915 north martin luther king drive MILWAUKEE, WI 53212	TREASURER 09-10, DIRECTOR 08- 4 00	0	0	0
TRACEY CARSON 1915 north martin luther king drive MILWAUKEE, WI 53212	VP COMMUNITY AFFAIRS 08-10 4 00	0	0	0
PATRICIA GORENCE 1915 north martin luther king drive MILWAUKEE, WI 53212	DIRECTOR 09-10 2 00	0	0	0
JULIE PEDRETTI 1915 north martin luther king drive MILWAUKEE, WI 53212	VP PROGRAMS 08-10 4 00	0	0	0
M LYNNE ROBINSON 1915 north martin luther king drive MILWAUKEE, WI 53212	VP STRATEGIC PLANNING 08-10 4 00	0	0	0
ANN BARRY HANNEMAN 1915 north martin luther king drive MILWAUKEE, WI 53212	SECRETARY 08-10 4 00	0	0	0
HEIDI HOLDENER 1915 north martin luther king drive MILWAUKEE, WI 53212	DIRECTOR 09-10 2 00	0	0	0
PENELOPE KAILING 1915 north martin luther king drive MILWAUKEE, WI 53212	DIRECTOR 08-10 2 00	0	0	0
ANTONIA WALZAK 1915 north martin luther king drive MILWAUKEE, WI 53212	DIRECTOR 08-10 2 00	0	0	0
DEBRA CRAWFORD 1915 north martin luther king drive MILWAUKEE, WI 53212	DIRECTOR 09-10 2 00	0	0	0
REDONNA RODGERS 1915 north martin luther king drive MILWAUKEE, WI 53212	DIRECTOR 08-10 2 00	0	0	0
KARIN ORDINANS 1915 north martin luther king drive MILWAUKEE, WI 53212	PRESIDENT 08-09 2 00	0	0	0
JAMIE PRATT 1915 north martin luther king drive MILWAUKEE, WI 53212	VP MEMBERSHIP 08-09 0 00	0	0	0
AMELIA MACARENO 1915 north martin luther king drive MILWAUKEE, WI 53212	TREASURER 08-09 0 00	0	0	0
DONNA DROSNER 1915 north martin luther king drive MILWAUKEE, WI 53212	DIRECTOR 08-09 0 00	0	0	0
MELODIE WILSON 1915 north martin luther king drive MILWAUKEE, WI 53212	DIRECTOR 08-09 0 00	0	0	0
MARSHA BLOCK 1915 north martin luther king drive MILWAUKEE, WI 53212	DIRECTOR 08-09 0 00	0	0	0
CAROLINE KRIDER 1915 north martin luther king drive MILWAUKEE, WI 53212	DIRECTOR 08-09 0 00	0	0	0
SARA KRILL 1915 north martin luther king drive MILWAUKEE, WI 53212	DIRECTOR 08-09 0 00	0	0	0

TY 2008 Other Assets Schedule

Name: PROFESSIONAL DIMENSIONSINC

EIN: 39-1306562

Description	Beginning of Year Amount	End of Year Amount
Other Depreciable Assets	203	68

TY 2008 Other Expenses Schedule**Name:** PROFESSIONAL DIMENSIONSINC**EIN:** 39-1306562

Description	Amount
COMMUNITY AFFAIRS	3,678
RECRUITING/NEW MEMBERSHIP	3,981
INSURANCE	1,797
SUPPLIES	6,224
CONFERENCES, CONVENTIONS, MEETINGS	47,625
ADMINISTRATION	76,914

TY 2008 Other Revenues Schedule

Name: PROFESSIONAL DIMENSIONSINC

EIN: 39-1306562

Description	Amount
E-MAIL	2,020

**TY 2008 Transfers Personal Benefits
Contracts Declaration**

Name: PROFESSIONAL DIMENSIONSINC

EIN: 39-1306562

Declaration: 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, or indirectly, on a personal benefit contract.