



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



Form 990-EZ

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 of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 09-01-2011, and ending 08-31-2012

- B Check if applicable: Address change, Name change, Initial return, Terminated, 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: 759 N MILWAUKEE STREET. City or town, state or country, and ZIP + 4: MILWAUKEE, WI 53202

D Employer identification number: 39-1306562. E Telephone number: (414) 374-3570. F Group Exemption Number

G Accounting method: [X] Cash [] Accrual [] Other (specify)

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

I Website: N/A

J Tax-Exempt status (check only one): [] 501(c)(3) [X] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 154,573

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 [X]

Table with 21 rows and 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 154,573 and total expenses is 154,710, resulting in a deficit of 137.

Part II **Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	95,768	22	98,832
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	4,762	24	3,107
25 Total assets	100,530	25	101,939
26 Total liabilities (describe in Schedule O)	0	26	1,546
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	100,530	27	100,393

Part III **Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

TO PROMOTE THE PROFESSIONAL GROWTH OF WOMEN

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 TO PROMOTE THE PROFESSIONAL GROWTH OF WOMEN AND TO FOSTER A SOCIAL & BUSINESS EXCHANGE OF IDEAS AMONG WOMEN THROUGH VARIOUS MEMBER ACTIVITIES (APPROX 380 MEMBERS) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
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 (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	

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 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 V.)

Check if the organization used Schedule 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
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
35 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, explain in Schedule O why the organization did not report the income on Form 990-T
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter
39a Initiation fees and capital contributions included on line 9
39b 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 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
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
42a The organization's books are in care of LOIS DEE Telephone no (414) 374-3570
759 NORTH MILWAUKEE STREET SUITE 404
Located at MILWAUKEE, WI ZIP + 4 53202
42b 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.
42c 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
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
44a Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)

	Yes	No
46		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

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		
48		
49a		
49b		

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

48 Is the organization a school 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 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

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 address of each independent contractor paid more than \$100,000	(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.

Sign Here	***** Signature of officer	2013-05-07 Date
	DONNA BEMBENEK PRESIDENT Type or print name and title	

Paid Preparer's Use Only	Preparer's signature <input type="text"/> TROY E MARINE CPA	Date <input type="text"/> 2013-05-07	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) <input type="text"/> P00187863
	Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="text"/> BAKER TILLY VIRCHOW KRAUSE LLP 777 E WISCONSIN AVENUE 32ND FLOOR MILWAUKEE, WI 53202	EIN <input type="text"/> 39-0859910		
	Phone no <input type="text"/> (414) 777-5500			

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 DIMENSIONS INC

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
BARBARA HAIG 759 NORTH MILWAUKEE STREET SUITE 40 MILWAUKEE, WI 53202	VP COMMUNICATIONS 4 00	0	0	0
BRENDA SKELTON 759 NORTH MILWAUKEE STREET SUITE 40 MILWAUKEE, WI 53202	VP MEMBERSHIP 4 00	0	0	0
BRIDGETT GONZALEZ 759 NORTH MILWAUKEE STREET SUITE 40 MILWAUKEE, WI 53202	DIRECTOR 2 00	0	0	0
DENISE CALLAWAY 759 NORTH MILWAUKEE STREET SUITE 40 MILWAUKEE, WI 53202	VP COMMUNITY AFFAIRS COMMITTEE 4 00	0	0	0
DONNA BEMBENEK 759 NORTH MILWAUKEE STREET SUITE 40 MILWAUKEE, WI 53202	PRESIDENT 4 00	0	0	0
JEN DIRKS 759 NORTH MILWAUKEE STREET SUITE 40 MILWAUKEE, WI 53202	DIRECTOR 2 00	0	0	0
KATHY LANG 759 NORTH MILWAUKEE STREET SUITE 40 MILWAUKEE, WI 53202	VP TECHNOLOGY 2 00	0	0	0
KIM MARGGRAF 759 NORTH MILWAUKEE STREET SUITE 40 MILWAUKEE, WI 53202	DIRECTOR 2 00	0	0	0
MERILOU GONZALES 759 NORTH MILWAUKEE STREET SUITE 40 MILWAUKEE, WI 53202	DIRECTOR 2 00	0	0	0
PATRICE NAULT 759 NORTH MILWAUKEE STREET SUITE 40 MILWAUKEE, WI 53202	DIRECTOR 2 00	0	0	0
PATRICIA GORENCE 759 NORTH MILWAUKEE STREET SUITE 40 MILWAUKEE, WI 53202	DIRECTOR 2 00	0	0	0
PATRICIA KNIGHT 759 NORTH MILWAUKEE STREET SUITE 40 MILWAUKEE, WI 53202	TREASURER 4 00	0	0	0

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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
PROFESSIONAL DIMENSIONS INC

Employer identification number

39-1306562

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 179
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION BOARD MEETING INCOME AMOUNT 1,980 DESCRIPTION EMAILS AMOUNT 1,575 TOTAL TO FORM 990-EZ, LINE 8 3,555
OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 1,655 DESCRIPTION OTHER EXPENSES AMOUNT 8,590 TOTAL TO FORM 990-EZ, LINE 14 10,245
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION ADMINISTRATION AMOUNT 17,574 DESCRIPTION COMMUNICATIONS AMOUNT 7,278 DESCRIPTION COMMUNITY AFFAIRS AMOUNT 3,806 DESCRIPTION INSURANCE AMOUNT 2,207 DESCRIPTION MEETINGS AMOUNT 43,225 DESCRIPTION OTHER EXPENSE AMOUNT 250 DESCRIPTION PAYROLL TAXES AMOUNT 5,538 DESCRIPTION RECRUITING/NEW MEMBERSHIP AMOUNT 5,504 DESCRIPTION SUPPLIES AMOUNT 3,065 DESCRIPTION TECHNOLOGY ADVISORY AMOUNT 4,628 TOTAL TO FORM 990-EZ, LINE 16 93,075
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 4,762 END OF YEAR AMOUNT 3,107
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION OTHER CURRENT LIABILITIES BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 1,546

**TY 2011 Transfers Personal Benefits
Contracts Declaration**

Name: PROFESSIONAL DIMENSIONS INC

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.