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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 . . . . .

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 41 regarding organizational activities, financials, and reporting.

42a The organization's books are in care of PROFESSIONAL DIMENSIONS Telephone no (414) 374-3570 Located at 759 N MILWAUKEE STREET MILWAUKEE, WI ZIP + 4 53202

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign accounts and offices.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

	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 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		
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 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
NONE				

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
NONE		

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** \*\*\*\*\*  
 Signature of officer \_\_\_\_\_ Date 2016-07-11  
 SANDRA CUNNINGHAM President  
 Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**  
 Print/Type preparer's name ANDREW C HOLMAN Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_  
 Check  if self-employed PTIN P00014720  
 Firm's name Ritz Holman LLP Firm's EIN \_\_\_\_\_  
 Firm's address 330 E Kilbourn Ste 550 Milwaukee, WI 532023144 Phone no (414) 271-1451

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

## Additional Data

**Software ID:** 14000265

**Software Version:** 2014v6.0

**EIN:** 39-1306562

**Name:** PROFESSIONAL DIMENSIONS INC

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

(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
SANDRA CUNNINGHAM President	1 00	0		
ANGELA ADAMS Vice President	1 00	0		
KENIDA LEWIS-HARRIS Secretary	1 00	0		
ROBIN MARTIN Treasurer	1 00	0		
CATHERINE LAFLEUR VP-ADMIN	1 00	0		
CHRISTINE BARANOUCKY VP-COM	1 00	0		
JOANNE ANTON VP-MEMBERSHIP	1 00	0		
EMILY PHILLIPS VP-PROGRAMS	1 00	0		
MADDY TARBOX VP-RELATIONS	1 00	0		
NANCY OLSON VP-TECHNOLOGY	1 00	0		
SANDRA DUST Director	1 00	0		
DANIELLE BERGNER Director	1 00	0		
JAMIE PRATT Director	1 00	0		
REBECA LOPEZ Director	1 00	0		
VALERIE JOHNSON Director	1 00	0		

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

(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
KIM METCALF-KUPRES Director	1 00	0		
TANZY LAWHORN Director	1 00	0		
MARY SCHULER Director	1 00	0		
BILLIE JEAN SMITH Director	1 00	0		
JAN WADE Director	1 00	0		
DANIELLE BLY Director	1 00	0		
LAURA LUTTER-COLE Director	1 00	0		
PAULA PENEBAKER Director	1 00	0		
DEBORAH FUGENSCHUH Executive Dir	40 00	20,000		
MARY BRIDGES Executive Dir	40 00	37,500		

**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).

**2014**

**Open to Public  
Inspection**

Name of the organization  
PROFESSIONAL DIMENSIONS INC

Employer identification number

39-1306562

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$26
Other Expenses 1002	Office Expenses \$10150
Other Expenses 1003	Information Technology \$7795
Other Expenses 1007	Conferences, Conventions, and Meetings \$2428
Other Expenses 1009	Depreciation \$729
Other Expenses 1012	Insurance \$3803
Other Expenses 1	Committee Expense \$54481
Other Expenses 2	MEMBERSHIP EXPENSE \$3311
Other Expenses 3	ROTARY DUES \$956
Other Expenses 4	MISCELLANEOUS \$52
Other Assets 1002	Furniture and Fixtures - Beginning \$1353 Furniture and Fixtures - Ending \$1405
Other Assets 1005	Accounts Receivable - Beginning \$0 Accounts Receivable - Ending \$1305
Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$13 Prepaid Expenses and Deferred Charges - Ending \$4926
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$1328 Accounts Payable and Accrued Expenses - Ending \$2836
Total Liabilities 1003	Deferred Revenue - Beginning \$0 Deferred Revenue - Ending \$1370