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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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 04/01/09, and ending 03/31/10

B Check if applicable

☐ Address change☐ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type.
See
Specific
Instruc-
tions

C Name of organization

THE OFFICE ERGONOMICS RESEARCH
COMMITTEE, INC.

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

4425 34TH AVENUE S.

Room/suite

City or town, state or country, and ZIP + 4

MINNEAPOLIS

MN 55406

D Employer identification number

04-3374794

E Telephone number

612-724-6978

F Group Exemption

Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach
a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ► WWW.OERC.ORG

J Tax-exempt status (check only one) — ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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
Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 175,161

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

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	174,750
4	Investment income	4	411
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	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ► _____)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ►	9	175,161
10	Grants and similar amounts paid (attach schedule)	10	79,981
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	55,800
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ► SEE STATEMENT 3)	16	12,303
17	Total expenses. Add lines 10 through 16. ►	17	148,084
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	27,077
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	138,310
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 through 20. ►	21	165,387

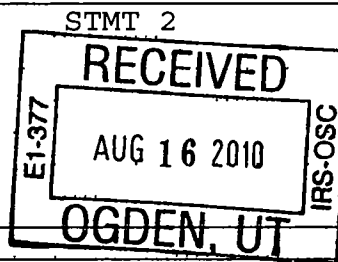
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	138,310	22 165,387
23 Land and buildings		23
24 Other assets (describe ► _____)		24
25 Total assets	138,310	25 165,387
26 Total liabilities (describe ► _____)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	138,310	27 165,387

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)



Expenses

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

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.

(Grants \$) If this amount includes foreign grants, check here

28a

(Grants \$) If this amount includes foreign grants, check here

29a

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31a

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

32

(a) Name and address

(b) Title and average hours per week devoted to position
<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p> <p>13. _____</p> <p>14. _____</p> <p>15. _____</p> <p>16. _____</p> <p>17. _____</p> <p>18. _____</p> <p>19. _____</p> <p>20. _____</p> <p>21. _____</p> <p>22. _____</p> <p>23. _____</p> <p>24. _____</p> <p>25. _____</p> <p>26. _____</p> <p>27. _____</p> <p>28. _____</p> <p>29. _____</p> <p>30. _____</p>

(c) Compensation
(If not paid,
enter -0-.)

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense account and other allowances

MICHAEL BARTHA

PRESIDENT

C

C

Q

KELLY HOGAN

VICE-PRESIDE

C

C

0

SAHİCA KORKMAZ

TREASURER

C

C

0

KARIN WALLINE

SECRETARY

C

Q

Q

TOM ALBIN

DIRECTOR

55,000

0

0

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

	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	X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	34	X
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, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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 instr ▶ 37a		
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 period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b		
39 Section 501(c)(7) organizations 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 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c 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 ▶ _____		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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	40e	X
41 List the states with which a copy of this return is filed ▶ <u>NONE</u>		
42a The organization's books are in care of ▶ <u>THOMAS ALBIN</u> Telephone no ▶ <u>612-724-6978</u> <u>4425 34TH AVENUE S.</u> Located at ▶ <u>MINNEAPOLIS, MN</u> ZIP + 4 ▶ <u>55406</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)? 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.	42b	X
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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

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 46-49b 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	
b If "Yes," was the related organization a section 527 organization?	49b	

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."

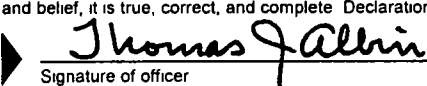
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 ▶

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 THOMAS ALBIN Type or print name and title		Date August 10, 2010 EXECUTIVE DIRECTOR	
Paid Preparer's Use Only	Preparer's signature	KENNETH R. NEUBAUER	Date	08/09/10
	Firm's name (or yours if self-employed), address, and ZIP + 4	MYSLAJEK, LTD. 1000 SHELARD PARKWAY, SUITE 620 ST LOUIS PARK, MN 55426		
	Preparer's Identifying Number (See instr.)	P00336675 EIN ▶ 41-1710454 Phone no ▶ 952-544-4147		
May the IRS discuss this return with the preparer shown above? See instructions ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				



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2009 Research Priorities

[Proposals](#) > [Current Research Priorities](#)

These research topics are of current interest to OERC during 2010

- What are the effects of gestures on touch screens for example, productivity biomechanics, with touch screens/displays/pads and appropriate placement with mixed use?
- What are the biomechanical effects of short-to-no travel (<3 mm) keys? Is there an effect (biomechanics, perceived discomfort, and/or productivity) associated with changes in key pitch (in x or y dimension)? What are the effects of virtual keyboards vs mechanical keyboards on productivity and biomechanical risk exposures?
- In light of research supporting possible benefits to forearm support as an alternative to floating arm postures, what situations, body types, work patterns, etc would benefit from forearm support, and which types of forearm support (e.g. forearm support boards, armrests, swiveling forearm supports, desk surface) have the best ROI considering user adoption, cost and efficacy at reducing injury risk
- What are the ergonomic considerations/implications for users who work in alternative work scenarios such as Mobile workers (workers without desks in a traditional workplace or "road warrior" workers, etc.), "open" workplace designs, reduced-size cubicles etc?
- What are the biomechanical loads and/or perceived discomfort of different pointing devices, use of multiple input devices, alternative input methods (shortcut keys, switching hands), and accessible software solutions? Is there an impact on productivity?
- How does the use of notebooks / mobile devices in non-desk settings (couch, bed, café meeting room, etc.) impact performance, productivity, and objective and subjective biomechanical and visual comfort and what are the portable ergonomic accessories acceptable to notebook / mobile device computer users, what are the usage patterns associated with those accessories and what impact do those accessories have on subjective and objective biomechanical and visual comfort, performance and productivity of notebook / mobile device users of all ages?
- What are the usage patterns (how when, where and for how long) associated with mobile device use? What advice can be offered to mobile device users (e.g. laptops, handhelds) regarding good ergonomic practices (similar to standard office ergonomics programs) in office and non-office (home, hotel, airplane) settings?
- What are the ergonomic implications of new lighting technologies, such as more energy-efficient lighting (e.g. LED), is there a perceived impact (e.g. perceived color, visual fatigue, glare, etc.)?
- In light of research that indicates substantial benefits to regular rotation of tasks/breaks taken from computer use, what methods (e.g. scheduled breaks, timed software reminders, activity-based reminders, etc.) are most effective at achieving the benefits?
- What is the effect of the use of multiple displays, touch screens, and/or 3D displays on subjective and objective biomechanical and visual comfort, performance, and productivity of computer users of various ages?

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Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ <u>174,750</u>
TOTAL	\$ <u><u>174,750</u></u>

Federal Statements

04-3374794

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Individuals

Relationship to Organization	Date of Gift	Class of Activity	Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
NONE	SEE ATTACHED			79,981				
TOTAL				79,981				

Research Summary

April 2009 Research Seminar "Knowledge Worker Productivity"
\$1656

September 2009 Research Seminar "Telework"
\$4879.67

January 2010 Research Seminar "Gestural Input"
\$4178.37

May 2010 Research Seminar "Forearm Support"
\$4092.86

Temple University Dr Judith Gold "Characterization of postures and subjective comfort in laptop users in non-desk settings"
\$15,000

Waterloo University Dr Richard Wells "The prevalence of hand disorders amongst hand held device users and their relationship to patterns of device usage"
\$5930

University of California, Berkeley – Dr. David Rempel/Dr. Matt Camilleri "Resolving differences between two studies in user-selected dual-display positioning"
\$15,000

University of Cincinnati – Dr. Kermit Davis "Improvement of discomfort in the office through posture variation"
\$10,243

State University of New York at Buffalo – Dr. Gwanseob Shin "Effects of display configuration on user discomfort, biomechanical load and productivity"
\$10,000

University of Washington – Dr. Pete Johnson "Mouse activation force, stature and cumulative exposure effects"
\$9,000

Total \$79,980.87

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
EXPENSES	\$
ADVERTISING	4,600
BANK CHARGES	37
MEETINGS	6,241
INSURANCE	1,425
TOTAL	\$ <u>12,303</u>

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description**

TO DEVELOP AN UNDERSTANDING OF OFFICE RELATED UPPER
EXTREMITY MUSCULOSKELETAL DISORDERS, WITH AN EMPHASIS ON
DETERMINING THE EFFECT THAT OFFICE WORK HAS ON CAUSING OR
EXCARBATING THEM; WHICH INTERVENTIONS ARE SUCCESSFUL IN
PREVENTING OR RESOLVING THEM, AND WHETHER APPROPRIATE
MEDICAL TREATMENT IS GENERALLY AVAILABLE TO DEAL WITH THEM.

Forms 990 / 990-EZ Return Summary

For calendar year 2009, or tax year beginning 04/01/09 , and ending 03/31/10

THE OFFICE ERGONOMICS RESEARCH
COMMITTEE, INC.

04-3374794

Net Asset / Fund Balance at Beginning of Year 138,310

Revenue

Contributions	
Program service revenue	<u>174,750</u>
Investment income	<u>411</u>
Capital gain / loss	
Special events	
Gross revenue	
Direct expenses	
Net income	
Other income	
Total revenue	<u>175,161</u>

Expenses

Program services	
Management and general	
Fundraising	
Total expenses	<u>148,084</u>
Excess / (deficit)	<u>27,077</u>
Other changes	

Net Asset / Fund Balance at End of Year 165,387

Reconciliation of Revenue

Total revenue per financial statements	
Less	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus	
Investment expenses	
Other	
Total revenue per return	

Reconciliation of Expenses

Total expenses per financial statements	
Less	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus	
Investment expenses	
Other	
Total expenses per return	

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>138,310</u>	<u>165,387</u>	
Liabilities			
Net assets	<u>138,310</u>	<u>165,387</u>	<u>27,077</u>

Miscellaneous Information

Amended return
Return / extended due date 08/16/10
Failure to file penalty