As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492044005490 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 04-01-2018 and ending 03-31-2019 B Check if applicable D Employer identification number C Name of organization THE OFFICE ERGONOMICS RESEARCH ☐ Address change COMMITTEE 04-3374794 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 5 GOODNOW LANE ☐ Final return/terminated (508) 801-5910 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return FRAMINGHAM, MA 01702 F Group Exemption ☐ Application pending Number Check ▶ □ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►www oerc org **J Tax-exempt status** (check only one) - ☐ 501(c)(3) ☑ 501(c)(6) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 **K** Form of organization □ Corporation □ Trust □ Association □ Other 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, column (B) below) 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  $\checkmark$ 1 137,500 2 2 Program service revenue including government fees and contracts . . . . . . . . . 3 Membership dues and assessments . . . . . . . 3 4 108 4 5a Gross amount from sale of assets other than inventory . . . . . 5b h Less cost or other basis and sales expenses . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b Less direct expenses from gaming and fundraising events 6с d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 137,608 10 Grants and similar amounts paid (list in Schedule O) 10 76,500 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 13 68,058 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 16,827 17 17 Total expenses. Add lines 10 through 16 161,385 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -23,777 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 263,097 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 239,320 Form **990-EZ** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Par	<b>Other Information</b> (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
	instructions for fact v ) check if the organization used Schedule O to respond to any question in this fact v	· · · ·	Yes	No
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	33	res	No No
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. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions     37a			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	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 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e 41	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		No
42a	also the states with which a copy of this return is filed.			
	eorganization's books are in care of MICHELLE ROBERTSON PHD Telephone no	(508)	801-591	0
	Located at ▶ <u>5 GOODNOW LANE FRAMINGHAM</u> , MA ZIP + 4 ▶	01702		
		ſ	<b>V</b>	
Ь	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 No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
	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			
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	explanation in Schedule 0	45a		No
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning	.54		
	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

								Yes	
	e organization engage, directly or indirec				opposition to				
	lates for public office? If "Yes," complete	<u>,                                      </u>		•	• • •		46		No
art VI	<b>Section 501(c)(3) organization</b> All section 501(c)(3) organizations	-	ons 47- 49b and 52	, and	complete th	e table	s for lu	nes 50	and
	51. Check if the organization used Schedule	e O to respond to any d	uestion in this Part VI		·			Г	7
				<u> </u>			Ī	Yes	No
	e organization engage in lobbying activit s," complete Schedule C, Part II	ies or have a section 50	O1(h) election in effect	during	the tax year		47		
Is the	organization a school as described in sec	ction 170(b)(1)(A)(ii)? I	If "Yes," complete Sche	edule E			48		
a Did the	e organization make any transfers to an	exempt non-charitable	related organization?				49a		
If "Yes	s," was the related organization a section	527 organization? .					49b		
	ete this table for the organization's five l					ustees a	nd key	employ	ees)
	ach received more than \$100,000 of com Name and title of each employee	npensation from the org	ganization If there is n	<del></del>	nter "None "  I) Health bene	efits	(e) Est	ımated	amou
	Nume and the or each employee	hours per week devoted to position	compensation (Forms W-2/1099- MISC)	contr b	ributions to en penefit plans, erred compen	nployee and			
Comple	I number of other employees paid over \$ lete this table for the organization if there is	highest compensated in		· ·	each received	►more th	an \$100	),000 of	  f
Comple		highest compensated in s none, enter "None "			each received		an \$100 Compe		
Comple	lete this table for the organization's five length of the organization and the organization. If there is	highest compensated in s none, enter "None "							
Comple	lete this table for the organization's five length of the organization and the organization. If there is	highest compensated in s none, enter "None "							
Comple	lete this table for the organization's five length of the organization and the organization. If there is	highest compensated in s none, enter "None "							
Comple	lete this table for the organization's five length of the organization and the organization. If there is	highest compensated in s none, enter "None "							
Comple	lete this table for the organization's five length of the organization and the organization. If there is	highest compensated in s none, enter "None " each independent contra	actor						
Comple compe	ete this table for the organization's five lensation from the organization. If there is (a) Name and business address of e	rs each receiving over S	\$100,000	(b) To	ype of service	(c)		nsation	
Complicompe  I Total  Did com  er penalt	lete this table for the organization's five ensation from the organization. If there is the contract of the organization is five and belief, it is true, correct, and complete and complete street.	rs each receiving over s	\$100,000	(b) To	ype of service	(c)	Compe	nsation	do my
Complicompe  I Total  Didicom  er penalt  wledge ar  any knov	lete this table for the organization's five ensation from the organization. If there is the contract of the organization is five and belief, it is true, correct, and complete and complete street.	rs each receiving over s	\$100,000	(b) To	ype of service	(c)	Compe	nsation	
Complicompe  I Total  Did com er penalt wledge ar any knov	I number of other independent contracto the organization complete Schedule A? I number of other independent contracto the organization complete Schedule A? I need to be a pleted Schedule A	rs each receiving over s  NOTE. All section 501(commined this return, include	\$100,000	(b) To	ype of service	(c)	Compe	nsation	do my
Complicompe  I Total  Did com er penalt wledge ar any knov	I number of other independent contracto the organization complete Schedule A? I number of other independent contracto the organization complete Schedule A? I nelected Schedule A	rs each receiving over s  NOTE. All section 501(c	\$100,000	(b) To	ype of service	t (c)	Compe	nsation	do my
Comple compe	I number of other independent contracto the organization complete Schedule A? I number of other independent contracto the organization complete Schedule A? I need to be a pleted Schedule A	rs each receiving over s  NOTE. All section 501(commined this return, include	\$100,000	(b) To	ype of service  ch a  and stateme ed on all infor  2019-12-02  Date	nts, and mation of	Compe	nsation	do my
Comple compe  I Total  Did com er penalt wledge ar any know	In number of other independent contractors for the organization of the organization. If there is the contract of the organization completes chedule A? In pleted Schedule A	rs each receiving over s  NOTE. All section 501(c	\$100,000	(b) To	ch a	nts, and mation of PTIN P00446	Yes to the of which	nsation	
Comple compe  I Total  Did com  er penalt wledge ar any knov  n re  id eparer	Inumber of other independent contractor the organization complete Schedule A? In the organization that I have example the schedule A? In the organization complete Schedule A	rs each receiving over s  NOTE. All section 501(c  mined this return, include Declaration of prepai	\$100,000	(b) To	ype of service  ch a  and stateme ed on all infor  2019-12-02  Date  Check if self-employed	PTIN P00446	Compe  Yes  to the of which	nsation	
Comple compe	I number of other independent contracto  the organization complete Schedule A? Inpleted Schedule A	rs each receiving over s  NOTE. All section 501(c)  mined this return, include Declaration of prepair  ECTOR  Preparer's signature  PENCER LTD  WAY 6TH FLOOR	\$100,000	(b) To	ch a	PTIN P00446	Compe  Yes  to the of which	nsation	

Page 4

Form 990-EZ (2018)

## **Additional Data**

Software ID:

Software Version: EIN: 04-3374794

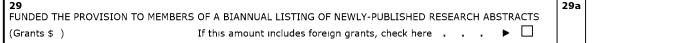
Name: THE OFFICE ERGONOMICS RESEARCH

COMMITTEE

## Form 990EZ, Part III - Statement of Program Service Accomplishments

services, as measured by	n's program service accomplishments for each of its three largest program expenses. In a clear and concise manner, describe the services provided, the ited, and other relevant information for each program title.	(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 PROVIDED FUNDING FOR RI UNIVERSITIES	ESEARCH FOCUSING ON COMPUTER WORK AND OFFICE ERGONOMICS USUALLY AT	28a	
(Grants \$ )	If this amount includes foreign grants, check here $\ . \ . \ . \ \blacktriangleright$		

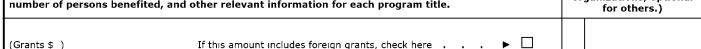
Form 990EZ, Part III - Statement of Program Service Accomplishments		
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	) (c	Expenses quired for section 501 )(3) and 501(c)(4) panizations; optional for others.)
29 FUNDED THE PROVISION TO MEMBERS OF A BIANNUAL LISTING OF NEWLY-PUBLISHED RESEARCH ABSTRACTS	29a	

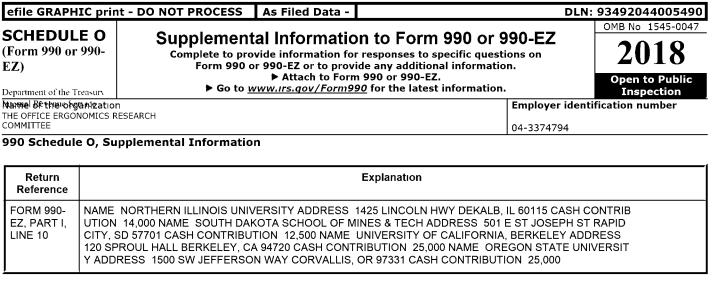


Form 990EZ, Part III - Statement of Program Service Accomplishments Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.) 30a



Form 990EZ, Part III - Statement of Program Service Accomplishments		
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.	501	Expenses Required for section (c)(3) and 501(c)(4) ganizations; optional for others.)





Return Explanation

990 Schedule O, Supplemental Information

Reference	
FORM 990-	EXPENSES BANK FEES 47 INFORMATION TECHNOLOGY 2,388 ORGANIZE ERGONOMICS CONFERENC 5,283 MTG
EZ, PART I,	S-MGMT & RESEARCH STUDIES 6,966 INSURANCE 2,143 TOTAL 16,827
LINE 16	

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990-	TO DEVELOP AN UNDERSTANDING OF OFFICE RELATED UPPER EXTREMITY MUSCULOSKELETAL DISORDERS, W
EZ, PART III	TH AN EMPHASIS ON DETERMINING THE EFFECT THAT OFFICE WORK HAS ON CAUSING OR EXCARBATING T
	HEM, WHICH INTERVENTIONS ARE SUCCESSFUL IN PREVENTING OR RESOLVING THEM, AND WHETHER APPRO
	PRIATE MEDICAL TREATMENT IS GENERALLY AVAILABLE TO DEAL WITH THEM

O Schedule O, Supplemental Information					
Return Reference	Explanation				
FORM 990- EZ, PART III, LINE 31					