Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE ERGONOMIC GROUP, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1992

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
ERGONOMIC GROUP, INC.

609-3 CANTIAGUE ROCK ROAD
WESTBURY, NY 11590

2b Employer Identification Number (EIN)
11-2685111

2c Sponsor's telephone number
516-408-4210

2d Business code (see instructions)
423990

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	11/05/2010	SAYLE LUECKE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	11/05/2010	SAYLE LUECKE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ERGONOMIC GROUP, INC. 609-3 CANTIAGUE ROCK ROAD WESTBURY, NY 11590	**3b** Administrator's EIN 11-2685111 **3c** Administrator's telephone number 516-408-4210

4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		**4b** EIN
a	Sponsor's name		**4c** PN
5	Total number of participants at the beginning of the plan year	**5**	193
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	145
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	41
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	186
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	187
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	170
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2S 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	Insurance	**(1)**	Insurance
(2)	Code section 412(e)(3) insurance contracts	**(2)**	Code section 412(e)(3) insurance contracts
(3) X	Trust	**(3)** X	Trust
(4)	General assets of the sponsor	**(4)**	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules		**b General Schedules**	
(1) X	**R** (Retirement Plan Information)	**(1)** X	**H** (Financial Information)
(2)	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	**(2)**	**I** (Financial Information – Small Plan)
		(3) ___	**A** (Insurance Information)
		(4) X	**C** (Service Provider Information)
(3)	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	**(5)**	**D** (DFE/Participating Plan Information)
		(6)	**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
THE ERGONOMIC GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ERGONOMIC GROUP, INC.

D Employer Identification Number (EIN)
11-2685111

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN CENTURY INVESTMENT SERVICE

44-0640487

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

ALLIANCEBERNSTEIN L.P.

13-4064930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BLACKROCK INVESTMENTS, INC.

23-2784752

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CALVERT DISTRIBUTORS, INC.

52-1899581

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DAVIS DISTRIBUTORS, LLC

85-0360310

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DELAWARE INVESTMENTS

2005 MARKET STREET
PHILADELPHIA, PA 19103

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MBSC SECURITIES CORPORATION, DISTRI

ONE BOSTON PLACE
24TH FLOOR
BOSTON, MA 02108

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GOLDMAN SACHS

71 SOUTH WACKER DRIVE
SUITE 500
CHICAGO, IL 60606

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

INVESCO DISTRIBUTORS, INC.

74-1894784

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

LAZARD ASSET MANAGEMENT

30 ROCKEFELLER PLAZA
NEW YORK, NY 10112

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

OPPENHEIMER FUNDS INC.

13-2527171

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ALLIANZ GLOBAL INVESTORS DISTRIBUTO

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ADP BROKER-DEALER

22-3319984

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60 63 99	RECORD KEEPER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

ADP

22-1467904

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	RECORD KEEPER	1500	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

MERRILL LYNCH PIERCE FENNER & SMITH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
59 52 63	INVESTMENT ADVISOR	0	Yes [X] No [ ]	Yes [X] No [ ]	25657	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK INVESTMENTS, INC. 23-2784752	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DAVIS DISTRIBUTORS, LLC 85-0360310	ANNUAL RATE 0.002 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DELAWARE INVESTMENTS 2005 MARKET STREET PHILADELPHIA, PA 19103	ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MBSC SECURITIES CORPORATION, DISTRI ONE BOSTON PLACE 24TH FLOOR BOSTON, MA 02108	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CALVERT DISTRIBUTORS, INC. 52-1899581	ANNUAL RATE 0.002 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 63 99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GOLDMAN SACHS 71 SOUTH WACKER DRIVE SUITE 500 CHICAGO, IL 60606	ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.001 OF AVERAGE DAILY ASSETS.

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO DISTRIBUTORS, INC. 74-1894784	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LAZARD ASSET MANAGEMENT 30 ROCKEFELLER PLAZA NEW YORK, NY 10112	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LORD ABBETT DISTRIBUTOR, LLC 90 HUDSON STREET JERSEY CITY, NJ 07032	ANNUAL RATE 0.0045 OF AVERAGE DAILY ASSETS.

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.002 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIONEER INVESTMENT MANAGEMENT, INC 13-1961193	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPENHEIMER FUNDS INC. 13-2527171	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS.

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MERRILL LYNCH PIERCE FENNER & SMITH	59 52 63	25657

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
UNAVAILABLE UNAVAILABLE UNAVAILABLE, NJ 07932	INVESTMENT MANAGEMENT FEES PAID ? INDIRECTLY BY PLAN. SHAREHOLDER SERVICING FEES. DISTRIBUTION (12B-1) FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
THE ERGONOMIC GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ERGONOMIC GROUP, INC.

D Employer Identification Number (EIN)
11-2685111

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	279979	295570
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4771761	6568420
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	5051740	6863990
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5051740	6863990

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	709311	
	(C) Others (including rollovers)	2a(1)(C)	50761	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		760072
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	16564	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		16564
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	129488	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		129488
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1138048
c Other income	2c		353
d Total income. Add all **income** amounts in column (b) and enter total	2d		2044525
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	197097	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		197097
f Corrective distributions (see instructions)	2f		33486
g Certain deemed distributions of participant loans (see instructions)	2g		192
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1500	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1500
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		232275
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1812250
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GIAMBALVO GIAMMARESE & STALZER CPAS (2) EIN: 11-3425754

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
THE ERGONOMIC GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ERGONOMIC GROUP, INC.

D Employer Identification Number (EIN)
11-2685111

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 57-1198022

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

THE ERGONOMIC GROUP, INC. 401(k) PLAN

FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

THE ERGONOMIC GROUP, INC. 401(k) PLAN

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Giambalvo, Giammarese & Stalzer

Certified Public Accountants, P.C.

Robert Giambalvo, CPA
Stephen J. Giammarese, CPA
Herbert J. Stalzer, CPA
Owen L. Kilgannon, CPA

INDEPENDENT AUDITORS' REPORT

To the Trustee of
The Ergonomic Group, Inc. 401(k) Plan
Westbury, New York

We were engaged to audit the accompanying statements of net assets available for benefits of The Ergonomic Group, Inc. 401(k) Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental Schedule H, line 4a - Schedule of Delinquent Participant Contributions and Schedule H, line 4i - Schedule of Assets Held (Held at End of Year), as of or the year ended December 31, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 which was certified by JPMorgan Chase Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that JPMorgan Chase Bank, N.A., the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules as of and for the year ended December 31, 2009. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Giambalvo Giammarese & Stalzer CPAs P.C.

October 7, 2010
Great River, New York

Member of msi Global Alliance
Independent Legal & Accounting Firms

3500 Sunrise Highway ■ Suite 100, Building 200 ■ Great River, NY 11739 ■ Tel: (631) 321-8000 ■ Fax: (631) 321-8075 ■ www.ggscpas.com

THE ERGONOMIC GROUP, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	2008
Assets		
Investments at fair value	$ 6,568,422	$ 4,771,760
Participant loans receivable	292,212	277,064
Total investments at fair value	$ 6,860,634	$ 5,048,824
Receivables:		
Participant contributions	17,379	19,552
Participant loan repayments	6,993	3,605
Interest	38	-
Total receivables	24,410	23,157
Total assets	6,885,044	5,071,981
Liabilities		
Excess contributions payable	14,270	48,130
Total liabilities	14,270	48,130
Net assets available for benefits	$ 6,870,774	$ 5,023,851

The accompanying notes are an integral part of these financial statements.

THE ERGONOMIC GROUP, INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2009

	2009
Additions:	
Additions to net assets attributed to:	
Investment income:	
Interest	$ 17,855
Dividends	129,488
Other income	1,856
Net appreciation in fair value of investments	1,138,048
	1,287,247
Contributions:	
Participant	740,998
Rollover	50,761
	791,759
Total additions	2,079,006
Deductions:	
Deductions from net assets attributed to:	
Benefits paid to or for participants	230,583
Administrative expenses	1,500
Total deductions	232,083
Net increase	1,846,923
Net assets available for benefits:	
Beginning of year	5,023,851
End of year	$ 6,870,774

The accompanying notes are an integral part of these financial statements.

NOTE 1 - DESCRIPTION OF PLAN

The following description of The Ergonomic Group, Inc. (the "Company") 401(k) Plan (the "Plan") provides only general information. Participants should refer to the original Plan document for a more complete description of the Plan's provisions.

A. General - The Plan is a defined contribution plan covering all employees of the Company who have three months of service and are age 21 or older. Beginning July 1 2007, there are two types of salary deferrals, Regular 401(k) deferrals and Roth 401(k) deferrals. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

B. Contributions - Each year, participants may contribute up to 75% of pre-tax annual compensation within statutory limits, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds as investment options for participants. Each eligible employee hired by the Company is automatically enrolled in the Plan, unless the employee makes an affirmative election not to enroll. The employee is enrolled to contribute 1% of their eligible compensation to the Plan.

C. Participant Accounts - Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

D. Vesting - Participants vest immediately in their contributions plus the actual earnings thereon.

E. Participant Loans - Participants may borrow from their fund accounts a minimum of $500, up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear an interest rate of the prevailing prime rate at the time of the advance plus 1%. Principle and interest is paid ratably through bi-weekly payroll deductions.

F. Payment of Benefits - Participants may receive a full distribution of their benefits upon retirement, in the event of death or disability, in the event of immediate and heavy financial need, upon termination of employment or upon attaining the age of 59 ½. Participants may elect to receive either a lump-sum amount equal to the participant's interest in his or her account or installment payments over a period of years which does not exceed the life expectancy of the participant or his or her beneficiary. Minimum distributions shall be made in accordance with Treasury

NOTE 1 - DESCRIPTION OF PLAN *(Continued)*

Regulation Section 1.401 (a) (9). The entire interest of a participant must be distributed or begin to be distributed no later than the April 1 of the calendar year following the calendar year in which the participant attains the age of 70 ½. If the value of a participant's account is $5,000 or less, the Plan shall immediately distribute the participant's entire vested account balance.

G. Forfeited Accounts - At December 31, 2009 and 2008 there were no forfeited non-vested accounts. These accounts will be used to reduce future Plan expenses.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

A. Basis of Accounting - The financial statements of the plan are prepared on the accrual basis of accounting.

B. Use of Estimates - The preparation of financial statements in conformity with accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

C. Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

D. Payment of Benefits - Benefits are recorded when paid.

E. Operating Expenses - All expenses of maintaining the Plan are paid by either the Plan or the Plan's sponsor, as provided by the Plan document.

F. Subsequent Events - Subsequent events were evaluated through October 7, 2010, the date the financial statements were available to be issued.

NOTE 3 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rule and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate.

NOTE 3 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE *(Continued)*

	2009	2008
Investments, at fair value		
Participant directed investments in accounts established by JPMorgan Chase Bank, N.A., at fair value	$ 6,568,422	$ 4,771,760
Participant loans	292,212	277,064
Total	$ 6,860,634	$ 5,048,824

	For the Year Ended December 31, 2009
Investment gains:	
Interest and dividends	$ 147,343
Net appreciation in fair value of investments	1,138,048
Other income	1,856
Total Investment Gains	$ 1,287,247

NOTE 4 - INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets.

	2009	2008
Davis New York Venture	$ 700,313	$ 604,601
Merrill Ready Assets Trust	663,380	382,420
Blackrock Government Inc	511,062	538,576
Pimco Total Return	436,498	406,934
Goldman Sachs Mid Cap Value	350,442	-
Blackrock Large Cap Value	348,410	326,125
Blackrock Equity Dividend	-	272,114

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as, held during the year) appreciated in value by $1,138,048.

NOTE 5 - FAIR VALUE MEASUREMENTS

Financial Accounting Standard Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

NOTE 5 - FAIR VALUE MEASUREMENTS *(Continued)*

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include: Quoted prices for similar assets or liabilities in active markets; Quoted prices for identical or similar assets or liabilities in inactive markets; Inputs other than quoted prices that are observable for the asset or liability; Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds: Valued at the net asset value of shares held by the Plan at year end.

Participant loans: Valued at estimated fair value using amortized cost, which management believes is an accurate reflection of fair value.

The preceding methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2009:

	Assets at Fair Value as of December 31, 2009			
Asset Category	Level 1	Level 2	Level 3	Total
Mutual funds	$ 6,568,422	$ -	$ -	$ 6,568,422
Participant loans	-	-	292,212	292,212
Total	$ 6,568,422	$ -	$ 292,212	$ 6,860,634

NOTE 5 - FAIR VALUE MEASUREMENTS *(Continued)*

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2008:

	Assets at Fair Value as of December 31, 2008			
Asset Category	Level 1	Level 2	Level 3	Total
Mutual funds	$ 4,771,760	$ -	$ -	$ 4,771,760
Participant loans	-	-	277,064	277,064
Total	$ 4,771,760	$ -	$ 277,064	$ 5,048,824

The table below sets forth a summary of change in the fair value of the Plan's level 3 investments for the year ended December 31, 2009:

	Participant Loans
Balance, beginning of year	$ 277,064
Purchases, sales, issuance and settlements (net)	15,148
Balance, end of year	$ 292,212

NOTE 6 - EXCESS PARTICIPANT CONTRIBUTIONS PAYABLE

The Plan failed to pass the Average Deferral Percentage (ADP) test for the year ended December 31, 2009. Accordingly, excess contributions amounting to $14,270 were recorded as a liability in the accompanying statement of net assets available for benefits and as a reduction of participant directed contributions for the year. The Plan expects to reimburse these excess contributions to its participants during 2010. The Plan also recorded a liability in the amount of $48,130 related to excess contributions made by the Plan sponsor during 2008. These excess contributions were reimbursed subsequent to the Plan's year end.

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by JPMorgan Chase Bank, N.A.. JPMorgan Chase Bank, N.A. is the Trustee as defined by the Plan for the year ended December 31, 2009. Fees paid by the Plan for investment management services for the year ended December 31, 2009 amounted to $58,212. Automatic Data Processing, Inc. (ADP) is the third party administrator as defined by the Plan for the year ended December 31, 2009, fees paid by the Plan to the third party administrator totaled $1,500. Accordingly, these transactions qualify as party-in-interest transactions.

NOTE 8 - PROHIBITED TRANSACTIONS

During 2009, the Company failed to remit to the Plan's trustee certain employee contributions totaling approximately $5,769 within the period prescribed by Department of Labor regulations. Delays in remitting contributions to the Trustee were due to administrative errors. The Company will make contributions to the affected participants' accounts to compensate the affected participants an aggregate of approximately $38 for lost income.

NOTE 9 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their employer contributions.

NOTE 10 - TAX STATUS

The Company adopted a prototype non-standardized profit sharing plan for which the Internal Revenue Service has issued an opinion letter dated March 31, 2008, covering the qualification of the Plan under the appropriate sections of the Internal Revenue Code. The Plan administrator believes that the Plan continues to operate in accordance with the requirements to qualify for tax-exempt status. Accordingly, no provision for income taxes is included in the accompanying financial statements.

NOTE 11 - RISK AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 12 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 and 2008 to Form 5500:

	2009	2008
Net assets available for benefits per the financial statements	$ 6,870,774	$ 5,023,851
Participant contribution receivable	(17,379)	(19,552)
Participant loan repayment receivable	(6,993)	-
Participant loan repayment	5,740	-
Deemed distribution of participant loan	(2,384)	-
Current year interest receivable	(38)	(689)
Current year excess deferral contributions	14,270	48,130
Net assets available for benefit per the Form 5500	$ 6,863,990	$ 5,051,740

NOTE 12 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 *(Continued)*

The following is a reconciliation of contributions received or receivable from employees per the financial statements for the year ended December 31, 2009 to Schedule H of Form 5500:

Contributions received or receivable from employees per the financial statements	$ 740,998
Current year participant contributions receivable	(17,379)
Prior year participant contributions receivable	19,552
Prior year excess deferral contributions returned to certain participants	(48,130)
Current year excess deferral contributions payable to certain participants	14,270
Contributions received or receivable from employees per the Form 5500	$ 709,311

The following is a reconciliation of interest income received or receivable per the financial statements for the year ended December 31, 2009 to Schedule H of Form 5500:

Interest income received or receivable from employee per the financial statements	$ 17,855
Current year interest portion of employee loan contributions receivable	(1,253)
Current year interest portion of late remittances	(38)
Interest income received or receivable from per the Form 5500	$ 16,564

Form 5500 records contributions as gross and any excess deferral contributions are recorded as a corrective distribution under plan expenses in the subsequent year.

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2009 to Schedule H of Form 5500:

Benefits paid to participants per the financial statements	$ 230,583
Deemed distribution of participant loan	192
Benefits paid to participants per Form 5500	$ 230,775

NOTE 12 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 *(Continued)*

The following is a reconciliation of other income received per the financial statements for the year ended December 31, 2009 to Schedule H of Form 5500:

Other income received per the financial statements	$ 1,856
Accumulated timing differences	(1,503)
Other income received per Form 5500	$ 353

SUPPLEMENTARY INFORMATION

THE ERGONOMIC GROUP, INC. 401(k) PLAN
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2009

Employer Identification No. 61-1009366
Plan No. 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions
$5,769	$5,769

See independent auditors' report.

THE ERGONOMIC GROUP, INC. 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

Employer Identification No. 61-1009366
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including: Maturity Date Rate of Interest, Collateral Par or Maturity Value	(e) Current Value
*	Davis New York Venture	Mutual Fund	$ 700,313
*	Merrill Ready Assets Trust	Mutual Fund	663,380
*	Blackrock Government Inc	Mutual Fund	511,062
*	PIMCO Total Return	Mutual Fund	436,498
*	Goldman Sachs Mid Cap Value	Mutual Fund	350,442
*	Blackrock Large Cap Value	Mutual Fund	348,410
*	BR Health Sci Opport Port	Mutual Fund	327,079
*	Blackrock Equity Dividend	Mutual Fund	326,127
*	Blackrock High Yield Bond	Mutual Fund	267,466
*	Goldman Sachs Small Cap Value	Mutual Fund	247,633
*	Jennison 20/20 Focus	Mutual Fund	232,564
*	Dreyfus Greater China	Mutual Fund	231,622
*	Aberdeen Natural Resouces	Mutual Fund	224,455
*	Jennison Small Company	Mutual Fund	217,770
*	Lazard Emerging Market	Mutual Fund	192,331
*	GS Asset Alloc Equity Growth	Mutual Fund	171,153
*	Blackrock International Opp	Mutual Fund	139,482
*	Oppenheimer Gold & Spec Minerals	Mutual Fund	139,424
*	Prudential Financial Services	Mutual Fund	129,357
*	Alliance Berger Int'l Value	Mutual Fund	121,533
*	Amercent Target 2025	Mutual Fund	109,863
*	Blackrock Mid Cap Value	Mutual Fund	108,322
*	Aberdeen Tech Comm	Mutual Fund	73,753
*	Delaware Diversified	Mutual Fund	68,639
*	Oppenheimer Int'l Bond	Mutual Fund	57,217
*	Blackrock Global Allocation	Mutual Fund	55,892
*	AIM Real Estate	Mutual Fund	31,156
*	Blackrock Eurofund	Mutual Fund	25,393
*	Amercent Target 2020	Mutual Fund	24,836
*	Calvert Social Invest Equity	Mutual Fund	21,388
*	Blackrock S&P 500	Mutual Fund	10,594
*	Amercent Target 2015	Mutual Fund	3,268
	Participant Loans	4.25% - 9.25%, participant accounts pledged as collateral	292,212
		Total Assets Held for Investment Purposes	$ 6,860,634

* Denotes party in interest

See independent auditors' report.

RUN DATE: 05/21/2010

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF: 12/31/2009

Plan Name: THE ERGONOMIC GROUP, INC. 401(K) PLAN
Employer EIN: 11-2685111
Plan Number: 001
Run Date: 05/21/2010

(a)	(b)Identity of Issue, Borrower, Lessor or Similar Party	(c)Description of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value)		(d)Cost	(e)Current Value
	INVESCO REAL ESTATE - A	Registered Investment Company	1,753.2748	n/a	31,155.69
	GS EQUITY GROWTH STRATEGY - A	Registered Investment Company	16,714.1346	n/a	171,152.74
	JENNISON SMALL COMPANY - A	Registered Investment Company	13,475.8381	n/a	217,769.55
	JENNISON 20/20 FOCUS - A	Registered Investment Company	15,713.7865	n/a	232,564.04
	PRUDENTIAL FINANCIAL SERVICE-A	Registered Investment Company	10,897.7829	n/a	129,356.68
	BR HEALTH SCI OPPORT PORT - A	Registered Investment Company	11,812.1909	n/a	327,079.57
	BLACKROCK HIGH YIELD BOND-A	Registered Investment Company	38,154.8677	n/a	267,465.63
	BLACKROCK INTERNATIONAL OPP-A	Registered Investment Company	4,600.3333	n/a	139,482.11
	DELAWARE DIVERSIFIED IN FND -A	Registered Investment Company	7,364.6262	n/a	68,638.32
	CALVERT SOCIAL INV ENH EQ -A	Registered Investment Company	1,487.3340	n/a	21,387.86
	DREYFUS GREATER CHINA - A	Registered Investment Company	5,017.8187	n/a	231,622.51
	BLACKROCK S&P 500 FUND - I	Registered Investment Company	777.2478	n/a	10,593.89
	OPPENHEIMER GOLD & SPEC MIN -A	Registered Investment Company	3,880.4217	n/a	139,423.55
	GS MID CAP VALUE FUND - A	Registered Investment Company	12,092.5564	n/a	350,442.29
	GS SMALL CAP VALUE FUND - A	Registered Investment Company	7,876.3605	n/a	247,632.77
	PIMCO TOTAL RETURN FUND - A	Registered Investment Company	40,416.4543	n/a	436,497.71
	DAVIS NEW YORK VENTURE FUND- A	Registered Investment Company	22,605.3335	n/a	700,313.23
	BLACKROCK EQUITY DIVIDEND - A	Registered Investment Company	20,614.8741	n/a	326,127.31
	BLACKROCK EUROFUND - A	Registered Investment Company	1,994.7184	n/a	25,392.76
	BLACKROCK GLOBAL ALLOCATION A	Registered Investment Company	3,124.2295	n/a	55,892.46
	BLACKROCK LARGE CAP VALUE - A	Registered Investment Company	26,137.2821	n/a	348,409.97
	READY ASSETS PRIME MONEY	Registered Investment Company	663,380.4000	n/a	663,380.40
	ALLIANCEBER INTL VALUE FND -A	Registered Investment Company	8,903.4922	n/a	121,532.67
	OPPENHEIMER INTL BOND FD - A	Registered Investment Company	8,940.2313	n/a	57,217.48
	LAZARD EMER MKT EQ PORT OPEN	Registered Investment Company	10,521.3624	n/a	192,330.51
	BLACKROCK MID-CAP VALUE EQ -A	Registered Investment Company	11,342.5768	n/a	108,321.62
	AMERCENT TARGET 2015 FD - ADV	Registered Investment Company	34.8768	n/a	3,268.30
	AMERCENT TARGET 2020 FD - ADV	Registered Investment Company	363.6808	n/a	24,835.76
	AMERCENT TARGET 2025 FD - ADV	Registered Investment Company	2,005.1611	n/a	109,862.77
	BLACKROCK GOVERNMENT INC - A	Registered Investment Company	49,521.5213	n/a	511,062.10
	ABERDEEN NATURAL RESOURCES - A	Registered Investment Company	13,719.7362	n/a	224,454.88
	ABERDEEN TECH & COMM - A	Registered Investment Company	23,413.5574	n/a	73,752.71
	Participant Loans	Interest Rates (4.25% to 9.25%)		n/a	297,951.70
			TOTAL		6,866,371.54

NOTE: The following is specifically for Form 5500 reporting.
The difference between Participant Loans on this Schedule and Participant Loans reported on Form 5500 Schedule H or I is the amount of DDLs. Loan amounts shown here include DDLs, while loan amounts reported on 5500 forms do not include DDLs.

THE ERGONOMIC GROUP, INC. 401(k) PLAN

FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

THE ERGONOMIC GROUP, INC. 401(k) PLAN

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Giambalvo, Giammarese & Stalzer

Certified Public Accountants, P.C.

Robert Giambalvo, CPA
Stephen J. Giammarese, CPA
Herbert J. Stalzer, CPA
Owen L. Kilgannon, CPA

INDEPENDENT AUDITORS' REPORT

To the Trustee of
The Ergonomic Group, Inc. 401(k) Plan
Westbury, New York

We were engaged to audit the accompanying statements of net assets available for benefits of The Ergonomic Group, Inc. 401(k) Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental Schedule H, line 4a - Schedule of Delinquent Participant Contributions and Schedule H, line 4i - Schedule of Assets Held (Held at End of Year), as of or the year ended December 31, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 which was certified by JPMorgan Chase Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that JPMorgan Chase Bank, N.A., the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules as of and for the year ended December 31, 2009. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Giambalvo Giammarese & Stalzer CPAs P.C.

October 7, 2010
Great River, New York

Member of msi Global Alliance
Independent Legal & Accounting Firms

3500 Sunrise Highway ■ Suite 100, Building 200 ■ Great River, NY 11739 ■ Tel: (631) 321-8000 ■ Fax: (631) 321-8075 ■ www.ggscpas.com

THE ERGONOMIC GROUP, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	2008
Assets		
Investments at fair value	$ 6,568,422	$ 4,771,760
Participant loans receivable	292,212	277,064
Total investments at fair value	$ 6,860,634	$ 5,048,824
Receivables:		
Participant contributions	17,379	19,552
Participant loan repayments	6,993	3,605
Interest	38	-
Total receivables	24,410	23,157
Total assets	6,885,044	5,071,981
Liabilities		
Excess contributions payable	14,270	48,130
Total liabilities	14,270	48,130
Net assets available for benefits	$ 6,870,774	$ 5,023,851

The accompanying notes are an integral part of these financial statements.

THE ERGONOMIC GROUP, INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2009

	2009
Additions:	
Additions to net assets attributed to:	
Investment income:	
Interest	$ 17,855
Dividends	129,488
Other income	1,856
Net appreciation in fair value of investments	1,138,048
	1,287,247
Contributions:	
Participant	740,998
Rollover	50,761
	791,759
Total additions	2,079,006
Deductions:	
Deductions from net assets attributed to:	
Benefits paid to or for participants	230,583
Administrative expenses	1,500
Total deductions	232,083
Net increase	1,846,923
Net assets available for benefits:	
Beginning of year	5,023,851
End of year	$ 6,870,774

The accompanying notes are an integral part of these financial statements.

NOTE 1 - DESCRIPTION OF PLAN

The following description of The Ergonomic Group, Inc. (the "Company") 401(k) Plan (the "Plan") provides only general information. Participants should refer to the original Plan document for a more complete description of the Plan's provisions.

A. General - The Plan is a defined contribution plan covering all employees of the Company who have three months of service and are age 21 or older. Beginning July 1 2007, there are two types of salary deferrals, Regular 401(k) deferrals and Roth 401(k) deferrals. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

B. Contributions - Each year, participants may contribute up to 75% of pre-tax annual compensation within statutory limits, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds as investment options for participants. Each eligible employee hired by the Company is automatically enrolled in the Plan, unless the employee makes an affirmative election not to enroll. The employee is enrolled to contribute 1% of their eligible compensation to the Plan.

C. Participant Accounts - Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

D. Vesting - Participants vest immediately in their contributions plus the actual earnings thereon.

E. Participant Loans - Participants may borrow from their fund accounts a minimum of $500, up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear an interest rate of the prevailing prime rate at the time of the advance plus 1%. Principle and interest is paid ratably through bi-weekly payroll deductions.

F. Payment of Benefits - Participants may receive a full distribution of their benefits upon retirement, in the event of death or disability, in the event of immediate and heavy financial need, upon termination of employment or upon attaining the age of 59 ½. Participants may elect to receive either a lump-sum amount equal to the participant's interest in his or her account or installment payments over a period of years which does not exceed the life expectancy of the participant or his or her beneficiary. Minimum distributions shall be made in accordance with Treasury

NOTE 1 - DESCRIPTION OF PLAN *(Continued)*

Regulation Section 1.401 (a) (9). The entire interest of a participant must be distributed or begin to be distributed no later than the April 1 of the calendar year following the calendar year in which the participant attains the age of 70 ½. If the value of a participant's account is $5,000 or less, the Plan shall immediately distribute the participant's entire vested account balance.

G. Forfeited Accounts - At December 31, 2009 and 2008 there were no forfeited non-vested accounts. These accounts will be used to reduce future Plan expenses.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

A. Basis of Accounting - The financial statements of the plan are prepared on the accrual basis of accounting.

B. Use of Estimates - The preparation of financial statements in conformity with accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

C. Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

D. Payment of Benefits - Benefits are recorded when paid.

E. Operating Expenses - All expenses of maintaining the Plan are paid by either the Plan or the Plan's sponsor, as provided by the Plan document.

F. Subsequent Events - Subsequent events were evaluated through October 7, 2010, the date the financial statements were available to be issued.

NOTE 3 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rule and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate.

NOTE 3 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE *(Continued)*

	2009	2008
Investments, at fair value		
Participant directed investments in accounts established by JPMorgan Chase Bank, N.A., at fair value	$ 6,568,422	$ 4,771,760
Participant loans	292,212	277,064
Total	$ 6,860,634	$ 5,048,824

	For the Year Ended December 31, 2009
Investment gains:	
Interest and dividends	$ 147,343
Net appreciation in fair value of investments	1,138,048
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NOTE 4 - INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets.

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Blackrock Equity Dividend	-	272,114

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as, held during the year) appreciated in value by $1,138,048.

NOTE 5 - FAIR VALUE MEASUREMENTS

Financial Accounting Standard Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

NOTE 5 - FAIR VALUE MEASUREMENTS *(Continued)*

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include: Quoted prices for similar assets or liabilities in active markets; Quoted prices for identical or similar assets or liabilities in inactive markets; Inputs other than quoted prices that are observable for the asset or liability; Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds: Valued at the net asset value of shares held by the Plan at year end.

Participant loans: Valued at estimated fair value using amortized cost, which management believes is an accurate reflection of fair value.

The preceding methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2009:

	Assets at Fair Value as of December 31, 2009			
Asset Category	Level 1	Level 2	Level 3	Total
Mutual funds	$ 6,568,422	$ -	$ -	$ 6,568,422
Participant loans	-	-	292,212	292,212
Total	$ 6,568,422	$ -	$ 292,212	$ 6,860,634

NOTE 5 - FAIR VALUE MEASUREMENTS *(Continued)*

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2008:

	Assets at Fair Value as of December 31, 2008			
Asset Category	Level 1	Level 2	Level 3	Total
Mutual funds	$ 4,771,760	$ -	$ -	$ 4,771,760
Participant loans	-	-	277,064	277,064
Total	$ 4,771,760	$ -	$ 277,064	$ 5,048,824

The table below sets forth a summary of change in the fair value of the Plan's level 3 investments for the year ended December 31, 2009:

	Participant Loans
Balance, beginning of year	$ 277,064
Purchases, sales, issuance and settlements (net)	15,148
Balance, end of year	$ 292,212

NOTE 6 - EXCESS PARTICIPANT CONTRIBUTIONS PAYABLE

The Plan failed to pass the Average Deferral Percentage (ADP) test for the year ended December 31, 2009. Accordingly, excess contributions amounting to $14,270 were recorded as a liability in the accompanying statement of net assets available for benefits and as a reduction of participant directed contributions for the year. The Plan expects to reimburse these excess contributions to its participants during 2010. The Plan also recorded a liability in the amount of $48,130 related to excess contributions made by the Plan sponsor during 2008. These excess contributions were reimbursed subsequent to the Plan's year end.

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by JPMorgan Chase Bank, N.A.. JPMorgan Chase Bank, N.A. is the Trustee as defined by the Plan for the year ended December 31, 2009. Fees paid by the Plan for investment management services for the year ended December 31, 2009 amounted to $58,212. Automatic Data Processing, Inc. (ADP) is the third party administrator as defined by the Plan for the year ended December 31, 2009, fees paid by the Plan to the third party administrator totaled $1,500. Accordingly, these transactions qualify as party-in-interest transactions.

NOTE 8 - PROHIBITED TRANSACTIONS

During 2009, the Company failed to remit to the Plan's trustee certain employee contributions totaling approximately $5,769 within the period prescribed by Department of Labor regulations. Delays in remitting contributions to the Trustee were due to administrative errors. The Company will make contributions to the affected participants' accounts to compensate the affected participants an aggregate of approximately $38 for lost income.

NOTE 9 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their employer contributions.

NOTE 10 - TAX STATUS

The Company adopted a prototype non-standardized profit sharing plan for which the Internal Revenue Service has issued an opinion letter dated March 31, 2008, covering the qualification of the Plan under the appropriate sections of the Internal Revenue Code. The Plan administrator believes that the Plan continues to operate in accordance with the requirements to qualify for tax-exempt status. Accordingly, no provision for income taxes is included in the accompanying financial statements.

NOTE 11 - RISK AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 12 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 and 2008 to Form 5500:

	2009	2008
Net assets available for benefits per the financial statements	$ 6,870,774	$ 5,023,851
Participant contribution receivable	(17,379)	(19,552)
Participant loan repayment receivable	(6,993)	-
Participant loan repayment	5,740	-
Deemed distribution of participant loan	(2,384)	-
Current year interest receivable	(38)	(689)
Current year excess deferral contributions	14,270	48,130
Net assets available for benefit per the Form 5500	$ 6,863,990	$ 5,051,740

NOTE 12 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 *(Continued)*

The following is a reconciliation of contributions received or receivable from employees per the financial statements for the year ended December 31, 2009 to Schedule H of Form 5500:

Contributions received or receivable from employees per the financial statements	$ 740,998
Current year participant contributions receivable	(17,379)
Prior year participant contributions receivable	19,552
Prior year excess deferral contributions returned to certain participants	(48,130)
Current year excess deferral contributions payable to certain participants	14,270
Contributions received or receivable from employees per the Form 5500	$ 709,311

The following is a reconciliation of interest income received or receivable per the financial statements for the year ended December 31, 2009 to Schedule H of Form 5500:

Interest income received or receivable from employee per the financial statements	$ 17,855
Current year interest portion of employee loan contributions receivable	(1,253)
Current year interest portion of late remittances	(38)
Interest income received or receivable from per the Form 5500	$ 16,564

Form 5500 records contributions as gross and any excess deferral contributions are recorded as a corrective distribution under plan expenses in the subsequent year.

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2009 to Schedule H of Form 5500:

Benefits paid to participants per the financial statements	$ 230,583
Deemed distribution of participant loan	192
Benefits paid to participants per Form 5500	$ 230,775

NOTE 12 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 *(Continued)*

The following is a reconciliation of other income received per the financial statements for the year ended December 31, 2009 to Schedule H of Form 5500:

Other income received per the financial statements	$ 1,856
Accumulated timing differences	(1,503)
Other income received per Form 5500	$ 353

SUPPLEMENTARY INFORMATION

THE ERGONOMIC GROUP, INC. 401(k) PLAN
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2009

Employer Identification No. 61-1009366
Plan No. 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions
$5,769	$5,769

See independent auditors' report.

THE ERGONOMIC GROUP, INC. 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

Employer Identification No. 61-1009366
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including: Maturity Date Rate of Interest, Collateral Par or Maturity Value	(e) Current Value
*	Davis New York Venture	Mutual Fund	$ 700,313
*	Merrill Ready Assets Trust	Mutual Fund	663,380
*	Blackrock Government Inc	Mutual Fund	511,062
*	PIMCO Total Return	Mutual Fund	436,498
*	Goldman Sachs Mid Cap Value	Mutual Fund	350,442
*	Blackrock Large Cap Value	Mutual Fund	348,410
*	BR Health Sci Opport Port	Mutual Fund	327,079
*	Blackrock Equity Dividend	Mutual Fund	326,127
*	Blackrock High Yield Bond	Mutual Fund	267,466
*	Goldman Sachs Small Cap Value	Mutual Fund	247,633
*	Jennison 20/20 Focus	Mutual Fund	232,564
*	Dreyfus Greater China	Mutual Fund	231,622
*	Aberdeen Natural Resouces	Mutual Fund	224,455
*	Jennison Small Company	Mutual Fund	217,770
*	Lazard Emerging Market	Mutual Fund	192,331
*	GS Asset Alloc Equity Growth	Mutual Fund	171,153
*	Blackrock International Opp	Mutual Fund	139,482
*	Oppenheimer Gold & Spec Minerals	Mutual Fund	139,424
*	Prudential Financial Services	Mutual Fund	129,357
*	Alliance Berger Int'l Value	Mutual Fund	121,533
*	Amercent Target 2025	Mutual Fund	109,863
*	Blackrock Mid Cap Value	Mutual Fund	108,322
*	Aberdeen Tech Comm	Mutual Fund	73,753
*	Delaware Diversified	Mutual Fund	68,639
*	Oppenheimer Int'l Bond	Mutual Fund	57,217
*	Blackrock Global Allocation	Mutual Fund	55,892
*	AIM Real Estate	Mutual Fund	31,156
*	Blackrock Eurofund	Mutual Fund	25,393
*	Amercent Target 2020	Mutual Fund	24,836
*	Calvert Social Invest Equity	Mutual Fund	21,388
*	Blackrock S&P 500	Mutual Fund	10,594
*	Amercent Target 2015	Mutual Fund	3,268
	Participant Loans	4.25% - 9.25%, participant accounts pledged as collateral	292,212
		Total Assets Held for Investment Purposes	$ 6,860,634

* Denotes party in interest

See independent auditors' report.