Form 990-EZ

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning ( ) , 2009, and ending ( ) , 2009.

B Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
- Foundation for Hematologic Education

D Employer identification number
- 84-23942906

E Telephone number
- 510.645.8730

F Group Exemption Number

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

G Accounting Method
- [ ] Cash [ ] Accrual

H Other (specify)

I Website:

J Tax-exempt status (check only one) — [ ] 501(c)(3) (insert no) [ ] 4947(a)(1) or [ ] 527

K Check [ ] if the organization is not a section 501(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If $500,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1 Contributions, gifts, grants, and similar amounts received
- $18,032

2 Program service revenue including government fees and contracts

3 Membership dues and assessments

4 Investment income

5 Gross amount from sale of assets other than inventory

5b Less. cost or other basis and sales expenses

5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here [ ]

6a Gross revenue (not including $ of contributions reported on line 1)

6b Less: direct expenses other than fundraising expenses

6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)

7a Gross sales of inventory, less returns and allowances

7b Less cost of goods sold

7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

7d Other revenue (describe)

8 Other revenue (describe)

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8
- $18,032

10 Grants and similar amounts paid (attach schedule)

11 Benefits paid to or for members

12 Salaries, other compensation, and employee benefits

13 Professional fees and other payments to independent contractors

14 Occupancy, rent, utilities, and maintenance

15 Printing, publications, postage, and shipping

16 Other expenses (describe)

17 Total expenses. Add lines 10 through 16
- $17,908

18 Excess or (deficit) for the year (Subtract line 17 from line 9)
- $1,124

19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year’s return)

20 Other changes in net assets or fund balances (attach explanation)

21 Net assets or fund balances at end of year. Combine lines 18 through 20

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

(A) Beginning of year (B) End of year

22 Cash, savings, and investments

23 Land and buildings

24 Other assets (describe)

25 Total assets

26 Total liabilities (describe)

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

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

Cat No 10642i Form 990-EZ (2009)
### Part III  Statement of Program Service Accomplishments
(See the instructions for Part III.)

What is the organization’s primary exempt purpose? Describe what was achieved in carrying out the organization’s exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>28</td>
<td>Much public relations committed to help educate people about high apx numbers.</td>
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<tr>
<td>29</td>
<td>(Grants $7,125) If this amount includes foreign grants, check here □</td>
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<tr>
<td>30</td>
<td>(Grants $85,000) If this amount includes foreign grants, check here □</td>
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<tr>
<td>31</td>
<td>Other program services (attach schedule)</td>
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<tr>
<td>32</td>
<td>Total program service expenses (add lines 28a through 31a) □</td>
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### Part IV  List of Officers, Directors, Trustees, and Key Employees
(See the instructions for Part IV.)

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Title and average hours per week devoted to position</th>
<th>Compensation (If not paid, enter -0-)</th>
<th>Contributions to employee benefit plans &amp; deferred compensation</th>
<th>Expense account and other allowances</th>
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<tr>
<td>Dana Ulman</td>
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<td>Stephen Cymmer Pug</td>
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Part V  Other Information (Note the statement requirements in the instructions for Part V.)

33  Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity                   Yes  No  

34  Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes                      Yes  No

35  If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.  

a  Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?    Yes  No  

b  If "Yes," has it filed a tax return on Form 990-T for this year?  Yes  No

36  Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  Yes  No

37a  Enter amount of political expenditures, direct or indirect, as described in the instructions.  Yes  No  

b  Did the organization file Form 1120-POL for this year?  Yes  No

38a  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  Yes  No

b  If "Yes," complete Schedule L, Part II and enter the total amount involved  Yes  No

39  Section 501(c)(7) organizations. Enter  

a  Initiation fees and capital contributions included on line 9  Yes  No  

b  Gross receipts, included on line 9, for public use of club facilities  Yes  No

40a  Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:  

b  Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  Yes  No

c  Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  Yes  No

d  Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization  Yes  No

e  All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  Yes  No

41  List the states with which a copy of this return is filed.  

42a  The organization's books are in care of  

b  At any time during the calendar year, did the organization have an interest in or a signature or other right over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  

If "Yes," enter the name of the foreign country  

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  

42b  Yes  No

42c  Yes  No

43  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes  No

44  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  Yes  No

45  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  Yes  No

Form 990-EZ (2009)
Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.  Yes □ No □

47. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.  Yes □ No □

48. Is the organization a school as described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E.  Yes □ No □

49a. Did the organization make any transfers to an exempt non-charitable related organization?  Yes □ No □

b. If "Yes," was the related organization a section 527 organization?  Yes □ No □

50. Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(d) Contributions to employees benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
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f. Total number of other employees paid over $100,000

51. Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
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<th>d. Total number of other independent contractors each receiving over $100,000</th>
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Preparer's signature, date, EIN, phone number:

Sign Here

Signature of preparer: [signature]

Dana Allman

Date: 12/18/10

Preparer's identifying number (See instructions)

May the IRS discuss this return with the preparer shown above? See instructions.

[ ] Yes [ ] No