See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010

Open to Public Inspection

A **For the 2010 calendar year, or tax year beginning , and ending**

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

C Name of organization
CAMEROON HEALTH AND EDUCATION FUND

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P O BOX 330

City or town, state or country, and ZIP + 4
RAPID CITY SD 57709

D **Employer identification number**
20-3407099

E Telephone number
208-634-5279

F Group Exemption Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ▶ CAMEROONHEALTHANDEDUCATIONFUND.COM

J **Tax-exempt status** (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 130,651

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	130,649
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	2
	5a	Gross amount from sale of assets other than inventory (5a)		
	b	Less cost or other basis and sales expenses (5b)		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) (6a)		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) (6b)		
	c	Less direct expenses from gaming and fundraising events (6c)		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances (7a)		
	b	Less cost of goods sold (7b)		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	130,651
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	129,703
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	638
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	
	17	**Total expenses.** Add lines 10 through 16 ▶	17	130,341
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	310
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	165
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	475

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II [X]

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	165	22	7,734
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 **Total assets**	165	25	7,734
26 **Total liabilities** (describe in Schedule O)	0	26	7,259
27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)	165	27	475

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III [X]

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

What is the organization's primary exempt purpose?
SEE SCHEDULE O

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 SEE SCHEDULE O

(Grants $) If this amount includes foreign grants, check here ▶ [X] 28a

29 SEE SCHEDULE O

(Grants $) If this amount includes foreign grants, check here ▶ [X] 29a

30 SEE SCHEDULE O

(Grants $) If this amount includes foreign grants, check here ▶ [X] 30a

31 Other program services (describe in Schedule O)
(Grants $ 120,438) If this amount includes foreign grants, check here ▶ [X] 31a 121,076

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 121,076

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV [ ]

(a) Name and address		(a) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DR. THOMAS K. WELTY	MCCALL	PRESIDENT			
939 FLYNN LANE	ID 83638	10.00	0	0	0
DR. EDITH WELTY	MCCALL	DIRECTOR			
939 FLYNN LANE	ID 83638	2.00	0	0	0
DR. ALISON LAFRENCE	BURNSVILLE	VICE-PRESIDENT			
15 GENEVA BLVD.	MN 55306	2.00	0	0	0
ANTHONY BOATMAN	BOISE	VICE-PRESIDENT			
5291 W. REDBRIDGE DR.	ID 83703	1.00	0	0	0
DOYLE ESTES, ATTORNEY	RAPID CITY	TREASURER			
P O BOX 330	SD 57709	2.00	0	0	0
ERIKA CAMPBELL	RAPID CITY	SECRETARY			
P O BOX 330	SD 57709	2.00	0	0	0
BEN HUFFORD	TUCSON	REGISTERED AGENT			
2426 E. AVENIDA DE POSADA	AZ 85718	1.00	0	0	0
LIOR MILLER	LOS ANGELES	DIRECTOR			
11150 SANTA MONICA BLVD.	CA 90025	2.00	0	0	0
DR. PHILIP NDUM	PALM COAST	DIRECTOR			
15 WARREN PLACE	FL 32164	1.00	0	0	0
DR. HENRY YEAGER	BETHESDA	DIRECTOR			
5624 KNOLLWOOD RD.	MD 20816	1.00	0	0	0
DR. NORMAN JAMES	SPOKANE	DIRECTOR			
14811 SHADY SLOPE RD.	WA 99208	1.00	0	0	0
MRS. TERRY JAMES	SPOKANE	DIRECTOR			
14811 SHADY SLOPE RD.	WA 99208	1.00	0	0	0
EVELYN VIFANSI	LAUREL	DIRECTOR			
8223 SPRING BR CT	MD 20723	1.00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)
Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ NONE			
42a	The organization's books are in care of ▶ ESTES LAW FIRM Telephone no ▶ 605-722-2273			
	Located at ▶ P O BOX 330 RAPID CITY SD ZIP + 4 ▶ 57709-0330			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If "Yes," was the related organization a section 527 organization?		

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

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ▶

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ [X] Yes [ ] No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer THOMAS WELTY Thomas Welty Date PRESIDENT 1/13/2012

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DAN W. COREY, EA, CFP	Dan W. Corey	1/13/12		P00018769

Firm's name ▶ KETEL THORSTENSON, LLP Firm's EIN ▶ 46-0257538

Firm's address ▶ PO BOX 3140 RAPID CITY, SD 57709-3140 Phone no 605-342-5630

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

CAMEROON HEALTH AND EDUCATION FUND

Employer identification number

20-3407099

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See ***section 509(a)(4).***

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")	27,966	85,308	52,144	96,432	130,280	392,130
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	27,966	85,308	52,144	96,432	130,280	392,130
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						278,890
6 **Public support.** Subtract line 5 from line 4						113,240

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	27,966	85,308	52,144	96,432	130,280	392,130
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				55	2	57
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						392,187

12 Gross receipts from related activities, etc (see instructions) 12 2

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 28.87 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☒

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 17A - 10% FACTS AND CIRCUMSTANCE TEST - 2010

THIS THE 6TH YEAR OF OPERATIONS AND THE CONTRIBUTIONS THAT QUALIFY AS "PUBLIC SUPPORT" HAVE SLIPPED BELOW THE 33 1/3%. THE ORGANIZATION HAS INCREASED THE SIZE OF ITS DIRECTORS TO GET MORE PEOPLE INVOLVED IN SOLICTING CONTRIBUTIONS FROM THE GENERAL PUBLIC. A WEB SITE HAS ALSO BEEN DESIGNED AND COMPLETED DURING 2011 TO ALSO MAKE THE ORGANIZATIONS NEEDS KNOWN TO THE GENERAL PUBLIC. SELECT PAGES FROM THE WEBSITE ARE ATTACHED TO ILLUSTRATE THIS EFFORT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

CAMEROON HEALTH AND EDUCATION FUND

Employer identification number

20-3407099

FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO ORGANIZATIONS

NAME AND ADDRESS	CLASS OF ACTIVITY DESC. OF PROPERTY CASH CONTRIB. BOOK VALUE	DATE OF GIFT NONCASH CONTRIB. BV EXPL.	 FMV EXPL.
CAMEROON BAPTIST CONVENTION HEALTH CENTRAL ACCOUNTING OFFICE P O BOX 1 BAMENDA CAMEROON, SF	$ 9,265 $ 0	$	0
CAMEROON BAPTIST CONVENTION HEALTH CENTRAL ACCOUNTING OFFICE P O BOX 1 BAMENDA CAMEROON, SF	$ 114,907 $ 0	$	0

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
GRANTS PAYABLE	$ 0	$ 7,259

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

THE PRIMARY EXEMPT PURPOSE OF THE CAMEROON HEALTH & EDUCATION FUND IS TO IMPROVE THE HEALTH AND EDUCATION OF UNDERSERVED COMMUNITIES.

DURING 2010 GRANTS WERE MADE TO THE FOLLOWING CAMEROON BAPTIST HEALTH BOARD PROGRAMS:

HIV/AIDS PROGRAM

CHOSEN CHILDREN'S PROGRAM

BBH OPTHOMOLOGY PROJECT

BBH OPD PROJECT

MBH CHEMOTHERPY

WOMEN'S HEALTH PROGRAM

NDEBAYA CLINIC

ORPHAN CARE - MBINGO

CANCER CARE PROGRAM

FORM 990-EZ, PART III, LINE 28 - FIRST ACHIEVEMENT

HIV/AIDS PROGRAM: THIS PROGRAM HAS COUNSELLED AND SCREENED OVER 200,000 PREGNANT IN CAMEROON AFRICA, WITH TREATMENT OF HIV INFECTED MONTHERS AND NEWBORNS. OVER 2500 HIV-INFECTED MOTHERS, THEIR SPOUSES, AND FOSTER PARENTS OF AIDS ORPHANS HAVE FORMED SUPPORT GROUPS. FUNDS ARE PROVIDED TO THIS PROGRAM TO ASSIST SUPPORT GROUP MEMBERS TO PURCHASE LIFE SAVING MEDICINES, TRANSPORTATION TO MEDICAL APPOINTMENTS, AND HOSPITALIZATION EXPENSES.

FORM 990-EZ, PART III, LINE 29 - SECOND ACHIEVEMENT

CHOSEN CHILDREN'S PROGRAM: AS THE HIV EPIDEMIC HAS SPREAD ORPHANS HAVE BECOME INCREASINGLY VISIBLE. IN 2001 THE CHOSEN CHILDREN'S PROGRAM WAS BEGUN TO PROVIDE BASIC NECESSITIES TO ORPHANED CHILDREN INCLUDING FOOD, SHELTER, CLOTHING, MEDICAL CARE AND EDUCATION. THE PROGRAM HAS BEEN ABLE TO PROVIDE SUPPORT TO OVER 850 CHILDREN.

FORM 990-EZ, PART III, LINE 30 - THIRD ACHIEVEMENT

Name of the organization: CAMEROON HEALTH AND EDUCATION FUND

Employer identification number: 20-3407099

TUBERCULOSIS PROGRAM: MOST OF THE PATIENTS COMING TO THE CBCHB FACILITIES WITH ACTIVE TB ARE ALSO HIV INFECTED. AT MBINGO BAPTIST HOSPITAL PATIENTS ARE HOSPITALIZED IN THE SAME WARD AS GENERAL PATIENTS. GRANTS FROM CAMEROON HEALTH AND EDUCATION FUND ARE HELPING TO BUILD A TB UNIT DEDICATED TO THE CARE OF TB PATIENTS, IMPROVING THE CARE OF TB PATIENTS AS WELL AS PROTECTING OTHER PATIENTS FROM TB CONTACT.

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACHIEVEMENTS

BBH OUT PATIENT PROJECT, BBH OPTHOMOLOGY PROJECT, BBH CHAPLAINS FUND, KUMBO NURSERY SCHOOL, WOMEN'S HEALTH PROGRAM, NDEBAYA CLINIC,
CANCER CARE PROGRAM, AND ORPHAN CARE (MBINGO) ARE OTHER CBCHB PROGRAMS THAT ARE SUPPORTED.

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
VARIOUS CONTRIBUTORS	$ 286,734	$ 278,890
TOTAL	$ 286,734	$ 278,890

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CAMEROON HEALTH
and EDUCATION FUND

Welcome to the CHEF website

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Mission

The mission of the Cameroon Health and Education Fund (CHEF) is to assist deserving projects, programs, communities and individuals primarily in Cameroon through the donation of financial assistance, expertise and other forms of support that will improve health and education

Immunization program to protect 6,400 Cameroonian girls against cervical cancer needs support to administer three doses of donated human papiloma vaccine

Partner notification services needs funding to test sexual partners of persons newly diagnosed with HIV, to counsel them on how to reduce the risk of acquiring and transmitting HIV infection, and to refer them for care and treatment, if they are infected with HIV

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CAMEROON HEALTH
and EDUCATION FUND

The mission of the Cameroon Health and Education Fund (CHEF) is to assist deserving projects, programs, communities and individuals primarily in Cameroon through the donation of financial assistance, expertise and other forms of support that will improve health and education

- Specific Objectives and Purposes

(a) To provide charitable assistance to critical projects, programs and community groups that are providing health care or education in resource-poor countries in Africa (especially Cameroon) Donors can designate programs/projects to receive their donations provided that they are approved by the Board If donations are undesignated, the funds will be used to support programs/projects most in need

(b) To provide scholarships to individuals to acquire education or training in health care or other needed services, if they will subsequently apply their training by working in resource-poor African countries (preferably Cameroon) to improve health care or other needed services Awards will be based on merit (as judged by the CHEF Board of Directors) of the individuals' applications, with emphasis on applicants' plans for applying their training in resource-poor African settings

(c) To provide a tax-deductible venue for individuals or organizations in the USA to fund scholarships, support health or education projects and programs, and community groups seeking to improve health and education services in resource-poor African countries (preferably Cameroon)

(d) To assist volunteers with training and expertise in health care or education to contribute in-kind services on-site for projects or programs in Cameroon where their particular skills will be most effective in improving quality and capacity

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VOLUNTEER

If you feel your professional skills will contribute to health or education, send an e-mail to cameroonhealthandeducationfund@gmail.com with information about your interest in volunteering

The Cameroon Baptist Convention Health Board has a list of volunteer needs at

http //www.cbchealthservices org/html/CBC%20Health%20Board%20Areas%20of%20Need PDF

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CAMEROON HEALTH
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HOW TO DONATE

CHEF endeavors to support and promote a bridge between donors and recipients To that end, donors may target their donations to specific projects provided they meet the identified needs of the program in Cameroon To target your donation to a specific project or program, please designate which program the donation should be used for If you choose not to designate your donation, the funds will be used for the highest priority need Donors receive receipts for IRS tax deduction purposes along with a letter of acknowledgment If more than $5,000 is donated, the CHEF Board will need to approve a specific proposal on how the funds will be used.

MAKING DONATIONS

1 Click on the "DONATE NOW" on this website to donate with credit card or online payment option through Pay Pal There is a 2.2 % administrative charge for credit card donations plus $ 30 per transaction

2 Send a check or money order Specify on the check or money order which program or project the donation is intended for Make payable to Cameroon Health and Education Fund and send to

Cameroon Health and Education Fund, Inc
Post Office Box 330
Rapid City SD 57709

3. Donate stock through CHEF's Wells Fargo Trade Account by advising the CHEF Board president or treasurer about the donation The donor can claim the current value of the stock as a tax deduction when it is donated and does not have to report capital gains, if value at the time of donation exceeded the value when the stock was purchased

4 Volunteer if you feel your professional skills will contribute to health or education send an e-mail to cameroonhealthandeducationfund@gmail com with information about your interest in volunteering.

5 Donate needed equipment and supplies

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JOIN MAILING LIST

If you would like to be added to our mailing list, send an e-mail to cameroonhealthandeducationfund@gmail.com with information about whether you would like to receive communications by e-mail or through regular mail

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CBCHS Tuberculosis (TB) Program – In addition to caring for huge numbers of new TB cases, the CBCHS TB Program is challenged by having to care for individuals with both TB and HIV, which occurs in about half of all TB patients Additionally, there have been several cases of multi-drug resistant TB, which requires intensive treatment with difficult and expensive drug regimens CHEF donations have enabled the TB program to improve care for over 1,000 newly diagnosed TB patients each year

TB Ward, Mbingo Baptist Hospital – The TB Ward has been partially constructed and is now able to provide inpatient care to a small number of multi-drug-resistant TB patients who require a high level of isolation, but the major portion of the ward, which would house many more TB patients, is yet not yet completed These patients must be admitted to open general hospital wards, where there is a significant risk of infecting other patients with TB A recent donation of stock to CHEF has provided funding to bring this important project closer to completion

CBCHS Women's Health Program (WHP) – This program was begun in 2007 with several CHEF donations to provide a 4-pronged program which was supported 1) cervical cancer screening and prevention, 2) family planning, 3) breast cancer screening and referral, and 4) syndromic management of reproductive tract infections (RTIs) Donations are needed for equipment, staffing, screening, treatment, pathology services, and GYN consultation WHP has expanded to seven sites in four regions (out of ten) in Cameroon The WHP clinics at these CBCHS hospitals and health centers provide comprehensive services to address the sexual and reproductive health needs of CBCHS clients, including initial cervical cancer screening using Visual Inspection with acetic Acid(VIA) and Visual inspection with Lugol's Iodine(VILI)in conjunction with Digital Cervicography (DC), which uses a digital camera fitted with a magnification lens to project greatly-magnified, real-time images of the acetic-acid-stained or Lugol's iodine-stained cervix onto a TV monitor visible to both client and provider At the same time, the provider takes a permanent photograph of the cervix and then uploads it to a computer, where it is matched by ID number to the client's history and physical exam The photos are used for follow up of patients, training of staff, quality improvement, and distance consultation VIA and VILI, have been used extensively in India and other developing countries as substitutes for Pap smear, because, in most developing countries, there is inadequate infrastructure to support Pap smear screening, thus rendering Pap smears both unaffordable and inaccessible to most women DC detects 85-96% of cervical pre-cancers, whereas Pap smears detect only about 50-70%, but DC has more false positives than Pap smears The cervical changes resulting from application of acetic acid (vinegar) correlate fairly closely to microscopic findings seen on biopsy and thus are used to diagnose pre-cancers, cancers, and other abnormalities WHP staff treats pre-cancers with cryotherapy (freezing) or loop electrical excision procedure (LEEP) and biopsy lesions that appear potentially cancerous They refer women with cervical cancer for gynecologic consultation and further treatment Women with inoperable cervical cancer are referred for radiation therapy, when there are adequate funds for this treatment

The WHP has been actively seeking more funding through grants to upscale family planning services and integrate them into antenatal, postpartum, and HIV care, but, to date, has not received any of these grants Nonetheless, they provide family planning counseling and methods to the best of their ability, using training and family planning commodities provided by the US Agency for International Development (USAID through USAID's Action for W Africa Region program delivered through CBCHS's W African Regional Training Center

All seven WHP clinics are co-located at sites providing prevention of mother-to-child transmission of HIV (PMTCT) services, and five of these clinics are co-located with HIV Care and Treatment Sites The co-location of services has facilitated referral of clients from antenatal care, labor and delivery, postnatal wards, HIV care and treatment clinics, and Infant Welfare Clinics to the WHP clinic Thus women are able to receive these critical services when they are most in need of them (eg when they have recently had a baby or have recently learned that they are HIV-infected) Funds are desperately needed to expand staffing and space to adequately serve these women

The WHP also operates a mobile clinic, using a donated 1989 US military ambulance, to take WHP services into rural, underserved communities as often as the overburdened WHP staff is able to respond to requests from these communities and funds are available to run and fuel the ambulance During these

mobile visits, staff visits community-based HIV support groups, primary health clinics, and other community venues to offer the 4 prongs of WHP services The mobile clinics prioritize (and reduce fees for) HIV-infected women for cervical cancer screening and family planning, because these women are at highest risk for cervical cancer and greatly need access to family planning to prevent mother-to-child transmission of HIV Women in villages and towns strongly desire cervical cancer screening through mobile clinics, because many have a friend or relative who has died a terrible death from cervical cancer, and because women deeply appreciate being empowered by seeing their own cervix and receiving education on whether it is normal or abnormal WHP mobile clinics have screened up to 100 women per day and 1000 women in a week, with staff working from 7 AM one day until 2 AM the next in order to accommodate the number of women who come requesting this service

CBCHS HIV and AIDS Care and Treatment (C&T) Program– Although antiretroviral medications are provided by the Cameroon government, which receives these drugs from the Global Fund for AIDS, TB, and Malaria, donations are needed to provide all other aspects of C&T for HIV-infected persons, including laboratory tests, treatment for opportunistic infections, transport to C&T centers, intensive counseling, hospitalization, building additional C&T clinic space, and other aspects of care In 2010, over 10,000 patients were receiving C&T for HIV in CBCHS facilities, and it is anticipated that this number will continue to increase as more people accept HIV testing, learn that they are infected, and seek lifesaving treatment Over time, the C&T Program will help stop the HIV pandemic by a combination of antiretroviral treatment that makes infected persons far less infective to others and by counseling on behavior change that reduces unsafe sex CHEF donations have helped to subsidize the costs of care for many patients

HIV Support Group Program – CBCHS sponsors about 80 adult HIV support groups and 3 children's support groups in villages and towns in 6 of Cameroon's 10 regions to assist persons living with HIV by helping organize medical care for them and their families, educating them on nutrition, safer sex, family planning, and other healthy activities, and providing them with microenterprise loans and vocational training CHEF donations have paid for their transport to monthly meetings and to care and treatment services, travel for CBCHS staff to visit each group, regular laboratory testing, antibacterial prophylaxis to prevent opportunistic infections, and other critical services

Banso Baptist Hospital Outpatient Clinic CHEF has received multiple donations from CHEF Board Members, Dr Norm and Mrs Terry James, for the Banso Baptist Hospital Outpatient Department Building Project, which completed the first construction stage in 2009, including the back wing of the Outpatient Department with transfer of outpatient services to this section This project is now near completion

Integrated Health Center in Ndebaya Village. Dr Philip Ndum, a CHEF board member and oncologist originally from Cameroon, donated funds for this recently constructed integrated health center (IHC) in memory of his father An IHC is a small clinic run by nurse(s) and other support staff which provides limited inpatient care as well as low risk deliveries Unlike Primary Health Centers (PHCs), which are for the most part, self-sustaining, IHCs require more CBCHB funding, including building construction, equipment and staff salaries The CBCHB currently supports 24 IHCs Additional funds for the Ndebaya Community Health Center Project are still needed for equipment as well as staff salaries

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HPV (Human Papillomavirus) Vaccine Project – In January 2010, CBCHS's Women's Health Program (WHP) applied for, and was awarded a donation of Gardasil HPV vaccine from Merck & Co, through Axios Health Care Development International, to vaccinate 6,400 Cameroonian girls aged 9-13 A 3 dose series of this vaccine provides protection against HPV types 16 and 18, which cause 70% of cervical cancers worldwide, and against HPV types 6 and 11, which cause >90% of genital warts Nearly 50 million American girls have already been immunized with this vaccine, but, prior to this donation, the vaccine was unaffordable in Cameroon and most developing countries Phase 1 of the vaccination campaign, launched in March 2010, immunized 1,600 girls Phase 2, launched in January, 2011, is in process of immunizing 4800 girls However, WHP faces a funding shortfall for the successful implementation of Phase 2, due to high charges for clearing importation of the vaccine, high costs of staff traveling to multiple towns and villages to educate the population on the value of HPV vaccination, costs of developing and producing brochures and posters, and costs of pulling staff from WHP clinics to provide Gardasil education and vaccine Donations are urgently needed to complete this project before the vaccine expires in Oct 2012

Banso School for the Blind – This school, which has blind and low vision students from 1st through 6th grades, is on the campus of Banso Baptist Hospital The school teaches all students Braille, and, when the students transfer to regular school in 6th grade, the blind school teachers must translate all their study materials and tests into Braille, then translate them back into English after the students complete their work, so that the regular school teachers can read them The school emphasizes learning independence, and some of these students have gone on to college or found good jobs An estimated 60% of students have low vision, rather than total blindness, and could read, if they had computers with low vision software, such as Zoom Text, and other vision aids One donor has already donated (not through CHEF) 4 closed circuit TVs that greatly magnify text and can be adjusted to change text and background colors to enable maximum visibility of hardcopy text Another donor has donated an institutional version of Zoom Text that can be loaded onto multiple computers, and 3 of the older students have already learned to use it Your donation of money, computers, or other low vision aids can make a lifetime of difference for a blind or low vision student

Partner Notification Services Partner notification (PN) is widely used in Europe and North America to reduce the spread of infectious diseases, however, it has rarely been used in Africa to reduce HIV transmission In 2007, the Cameroon Baptist Convention Health Board (CBCHB) began a pilot PN program to reduce HIV incidence CBCHB has trained 58 health advisers who are now doing PN in Northwest Region (NWR) and Southwest Region (SWR) of Cameroon They interview index HIV cases about their sexual partners, inform the partners they are at risk for HIV infection without revealing the identity of the index case, pre-test counsel the partners, offer them rapid HIV testing in a medical facility or their home, educate index cases and contacts on HIV prevention and risk reduction, and refer those partners who test positive for care and to HIV support groups The health advisers include HIV educators, laboratory technicians, clinical nurses and pastors From August 2007 through December 2010, staff provided PN services to 6,642 persons with newly diagnosed HIV infection These persons identified 7,200 sex partners, of whom 5,272 (73%) were notified, and 3974 (75%) were counseled and tested at no charge Of the tested persons, 1991 (54%) were HIV positive, of whom 1211 (61%) were linked to care and treatment This program urgently needs funding to continue this clinical/public health intervention that promotes behavior change and antiretroviral treatment to reduce the risk of HIV transmission

Life Abundant Primary Health Care Program: Primary Health Centers (PHCs) begin when villages request CBCHS services, decide on their own priorities for health care, and agree to build their own clinic and to hire and send for training one or more Health Promoters and/or Community Mother-Child Health Aides (CoMCHAs) By determining their own priorities for health care, choosing staff from among local villagers, and paying for the building and staff, the villages truly own their own PHCs, thus promoting sustainability CoMCHAs provide antenatal care and low-risk deliveries in the PHC, refer higher risk pregnant women to higher level health facilities, care for infants, and provide voluntary counseling and testing for HIV and prophylactic antiretroviral medications to prevent mother-to-child transmission

CBC Education Dept Teacher Computer Literacy Training – In 2011, the Director of CBC Education Dept applied to CHEF for computers for school

teachers and educational materials to train them in computer literacy CBC runs many primary and secondary schools in 2 of Cameroon's 10 regions It is important in today's world for schoolchildren to begin learning computer use, and therefore imperative for teachers to learn and teach computer skills The Cameroon government Education Ministry recommended that school teachers take a course in computer literacy A major problem with the proposed training is that most teachers, especially in rural areas, have no computers on which to learn The CHEF Board has approved the proposal, but, as of December 2011, there has been no money in CHEF to donate to this project

Youth Network for Health (YNH)

- Encourages youth to create or join health clubs and pledge abstinence from sex and substance abuse, with the aim of preventing HIV, other sexually transmitted infections and unwanted pregnancies, and preserving the intimacy of sex as part of marriage Information on other prevention methods is provided
- Carries out surveys on youths on their sexual awareness, attitudes and practices
- Offers free HIV tests to youths with permission from their parents, as well as HIV and AIDS education besides other programs to promote healthy behavior
- Provides information on other health issues, especially prevention tips to youth

The external funding for this program has dried up and donations are urgently needed to pay for HIV tests for youth and salaries and transport for staff to continue this vital preventive program

CBCHB Chosen Children Program – In 2010, 3462 children were enrolled, 962 of whom received assistance, of whom 45 are living with HIV Many of the children in this program are orphaned by parents who have died of HIV/AIDS These children are integrated into the foster families in such a way as they do not receive special treatment, rather they receive similar education and care as the other children in the families receive Fifty (50%) percent of these donations have been used to support children's school fees Almost 30% of these funds have paid the medical fees for children living with HIV/AIDS The remaining funds are used to pay for basic needs of the children (food and soap), the caregiver's workshop to distribute school fees, and the salaries of field workers and staff Over 3,000 children registered for the program, but there is only enough funding to meet the needs of 800 children In order to raise awareness about the needs and challenges faced by orphans and vulnerable children, many of whom are also living with HIV/AIDS, a group of these children formed an advocacy team to perform drama, songs, and poetry at community venues in Cameroon The team has elected leaders to voice their concerns and needs to community leaders The children and support staff hope these efforts will decrease stigma and discrimination, and raise local funds to support their needs

Figure 1 Members of the CCP advocacy team sing for other children at a Christmas party

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PUBLICATIONS AND RESEARCH

1 Eliason RE Towards sustainability in village health care in rural Cameroon *Health Promotion International* 1999, **14(4):** 301-306 http //dx doi org/10 1093/heapro/14 4 301

2 Kakute PN, Ngum J, Mitchell P, Kroll KA, Forgwei GW, Ngwang LK, Meyer DJ Cultural barriers to exclusive breastfeeding by mothers in a rural area ofCameroon, Africa J Midwifery Womens Health 2005 Jul-Aug,50(4) 324-8

3 Bulterys M, Fowler MG, Shaffer N, Tih PM, Greenberg AE, Karita E, Coovadia H, DeCock DM Role of traditional birth attendants in preventing transmission of perinatal HIV BMJ 2001,324 222-226 http //www bmj com/content/324/7331/222 extract

4 Welty TK, Bulterys M, Welty E, Tih PM, Ndikintum G, Nkuoh G, Nkfusai J, Kayita J, Nkengasong J, Wilfert C Integrating Prevention of Mother-To- Child HIV Transmission into Routine Antenatal Care The Key to Program Expansion in Rural Cameroon JAIDS 2005,40 486-493 http //journals lww com/jaids/Fulltext/2005/12010/Integrating_Prevention_of_Mother_to_Child_HIV 16 aspx

5 Granade T, Parekh B, Tih P, Welty T, Welty E, Bulterys M, Ndikintum G, Nkuoh G, and Tancho S Evaluation of Rapid Prenatal HIV Testing in Rural Cameroon Clinical and Diagnostic Laboratory Immunology 2005,12(7) 855-860 http //cvi asm org/cgi/content/full/12/7/855

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9 Nkuoh GN, Meyer DJ, Tih PM, Nkfusai J Barriers to Men's Participation in Antenatal and Prevention of Mother-to-Child HIV Transmission Care in Cameroon, Africa J Midwifery Womens Health 2010,- 1–8 http //www cbchealthservices org/html/Men's%20participation%20in%20PMTCT% 20JMWH%207-10 pdf

10 Stringer EM, Ekouevi DK, Coetzee D, Tih PM, Creek TL, Stinson K, Giganti MJ, Welty TK, Chintu N, Chi BH, Wilfert CM, Shaffer N, Dabis F, Stringer JS, PEARL Study Team Coverage of Nevirapine-Based Services to Prevent Mother-to-Child HIV Transmission in 4 African Countries JAMA 2010,304(3) 293-302 http //jama ama-assn org/content/304/3/293 short?rss=1

11 Kakute PN1, Meyer DJ, Nkwan JG Infection prevention training of trained birth attendants and nurse supervisors in primary health centres in rural Cameroon doi 10 3396/ijic V7i4 035 11 http //www ijic info/article/view/7981/6638

Recent Research Support of CBCHS programs

1. PMTCT Effectiveness in Africa: Research and Linkages to Care (PEARL) Study-Evaluation of the effectiveness of prevention of mother to child HIV transmission in Cameroon, West Africa Funded by Centers for Disease Control and Prevention and Elizabeth Glaser Pediatric AIDS Foundation 2006-2010-

2. Continuum of Care Operations Research (CORE) Study Improving the Referral System between PMTCT and Care & Treatment Sites The Way Forward to Scaling-Up Optimal HIV/AIDS funded by the Elizabeth Glaser Pediatric AIDS Foundation and the Gates Foundation 2008-2010

3 **Partner Notification (PN) in Cameroon: An Innovative Approach to HIV Prevention.** Investigation of the association of social harms and behavior change with provision of provision of partner services for persons recently diagnosed with HIV Funded by Centers for AIDS Research at University of North Carolina and Washington

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PRESS

The Cameroon Baptist Convention Health Board publishes a monthly Chronicle that can be downloaded at http //www cbchealthservices org/index html

Articles about the Cameroon Baptist Convention Health Board's tuberculosis, psychosocial support group, and nutrition programs can be read in Haba na Haba, the technical bulletin of the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) in the December 2011, June 2011, and November 2009 issues These can be downloaded at http //www pedaids org/Publications/Haba-Na-Haba

More information about the Cameroon Baptist Convention Health Board's prevention of mother to child transmission of HIV programs, supported by EGPAF, can be found at http //www pedaids org/What-We-re-Doing/Where-We-Are-Working/Cameroon

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