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## 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

Sa   Gross amount from sale of assets other than inventory   Sa   Sb	Α	For the	2010 calenda	ar year, or tax year beginning	January 1	, 2010,	and ending	Dec	ember :	31 , 20	10
Number and street (or P O box, if mail is not delivered to street address)   Boonfulle   E Telephron number   Col Court Circle   Colvertine   Col	В	Check if ap	plicable	C Name of organization				D Empl	oyer ide	ntification number	ər
Inhal refurn   Chi   Court Circle   City or town, state or country, and ZIP + 1   Canded refurn   Canded re	$\checkmark$	Address c	hange Missouri Association of Prosecuting Attorneys					43-1623856			
Terminated   Control		Name cha	nge	Number and street (or P O box, if mail is	not delivered to street address)		Room/suite	E Telep	hone nur	nber	
Termanded   Amended return   Appleation spendry   Camdention, MO 65020   Camdention, MO		Initial retur	m	c/o 1 Court Circle			Suite 10		573	-317-3910	
Camdenton, MO 65020  Cancounting Method:	닏			City or town, state or country, and ZIP +	4		l	F Gro			
Accounting Method:   Cash   Accrual   Other (speorty)     H   Check     If the organization is no required to attach Schedule B   (Form 990, 1501(c)(3)     So1(c)(6)     (insert no.)     4947(e)(1) or	님									, p	
Website: ► n/a   Trax-exempt status (check only one) — ] 501(c)(8)	Ī			<u> </u>			- 1			the ergenization	
Tax-exempt status (check only one)			-	▼ Cash			<del></del>  "				II IS HUL
R Check	_			-thth	a)( 6 ) 4 (+)	7/0\/1\ 01	<u> </u>				
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 choose to file a return, be sure to file a complete return.  L Add lines 55, 6c, and 75, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II).  Inte 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ  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  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  At 4,035.00  1	_		<u> </u>		<del></del>			<del></del>			
To tile a return, be sure to file a complete return.	K		· Lifth	e organization is not a section 509(a)(3	supporting organization and	its gros	s receipts are	normally	not mor	e than \$50,000.	. A
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).					orm 990-N (e-postcard) may b	e requi	ed (see msiru	Ctions). t	out ii trie	organization c	nooses
Part   Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)								- (D- + II			
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  1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 113,503.00 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 6 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 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) 6 Less: direct expenses from gaming and fundraising events 6 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowances 7 B Less: cost of goods sold 7 C Gross profit or (loss) from sales of inventory 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, Acand &AV 1 7 2011 9 Grants and similar amounts paid (list in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits DEN, UT 12 13 Professional fees and other payments to independent contractors 14 Cocupancy, rent, utilities, and maintenance 14 6 600.00 15 Other expenses (describe in Schedule O) 16 77,166 00 17 Total expenses. Add lines 10 through 16 18 Center (Schedule O) 19 Other expenses (describe in Schedule O) 10 Other expenses (describe in Schedule O) 11 Sec						or more,	or if total asset	s (Part II,			
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b Less: cost or other basis and sales expenses		4	Investment	tincome					4		328 00
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line 6c)  7a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 75 from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, As and Asy 1 7 2011  O Grants and similar amounts paid (list in Schedule O)  10 Benefits paid to or for members  11 Salaries, other compensation, and employee benefits DEN, UT  12 Salaries, other compensation, and employee benefits DEN, UT  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 in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Expense or (deficit) for the year (Subtract line 17 from line 9)		C					<u> </u>		l*		
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12 Salaries, other compensation, and employee benefits SUEN, UT.  13 Professional fees and other payments to independent contractors		11	Benefits pa	aid to or for members					11		
13	ď		Salaries, o	ther compensation, and employe	e benefits GDEN, UT	ī ļ			12		
16 Other expenses (describe in Schedule O)	ď	13	Profession	al fees and other payments to in	dependent contractors .				-	22,	075.00
16 Other expenses (describe in Schedule O)	Exper	14		• •	•				14		600.00
16 Other expenses (describe in Schedule O)		15	•	•							
17 Total expenses. Add lines 10 through 16										77	166 nn
19 Every or (deficit) for the year (Subtract line 17 from line 9)			•	•					-		
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)	Net Assets	10	Eveces or	(deficit) for the year (Subtract line	17 from line (1)	· · · ·	<u> </u>				<del></del>
end-of-year figure reported on prior year's return)		10							<del>  '`</del> +		
20 Other changes in net assets or fund halances (explain in Schedule O).		ן וֹש									
Tail 20 Uther changes in net assets or fund halances (explain in SCREQUIE U)											
Z of the drainges white about of the database		20	Other chai	nges in net assets or fund balanc	es (explain in Schedule U)						
21 Net assets or fund balances at end of year. Combine lines 18 through 20	_	21							<u> </u>	- 000 ==	7

Par	t II	Balance Sheets. (see the instructions to					
		Check if the organization used Schedule	O to respond to any ques				· · · <u> </u>
		•		(A) Beg	inning of year		B) End of year
22	Casl	h, savings, and investments			90,346.00	<del></del>	146,124.00
23		d and buildings			0	23	0
24	Othe	er assets (describe in Schedule O)			0	24	0
25		al assets			90,346.00		146,124.00
26	Tota					26	0
27	Net	assets or fund balances (line 27 of column			90,346 00	27	146,124 00
Part	Ш	Statement of Program Service Accomp	<b>plishments</b> (see the instru	ctions for Part III.	.)	١.	Expenses
		Check if the organization used Schedule					ired for section )(3) and 501(c)(4)
What	is the		Training/Education of Prose				izations and section
Descr	ibe wh	at was achieved in carrying out the organization'	s exempt purposes. In a clear	and concise mann	er, describe	4947(	a)(1) trusts, optional
		provided, the number of persons benefited, and o				for ot	hers)
28	Fall S	tatewide Training, Education and training was p	rovided on a variety of subje	cts(caselaw updat	e,		
•	Appea	als, PCR cases, Courtroom technology, victim s	ervices training, paternity te	sts) over 470 Prose	cutors,		
	staff a	and victim advocates were served.					
	(Grant		ncludes foreign grants, che			28a	46,151.00
29		g Statewide Training, Education and training wa					
	taking	and defending depositions, Maintaining Profe	ssionalism, computer crimes	and expert witnes	s)		
	Prose	cutors, victim advocates and staff thru out the	state were served.				
	(Grant	ts\$ ) If this amount	ncludes foreign grants, che	eck here	. ▶ 🗆	29a	31,015.00
30							
	<b>-</b>						
	(Gran	ts\$ ) If this amount	ncludes foreign grants, che	eck here	. ▶ 🗆	30a	
31	Other	program services (describe in Schedule O)					
	(Grant		ncludes foreign grants, che			31a	
32	Total	program service expenses (add lines 28a t				32	77,166.00
Part	IV	List of Officers, Directors, Trustees, and Key				nstruc	tions for Part IV.)
		Check if the organization used Schedule				• •	🗆
		(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit		(e) Expense account and
			devoted to position	enter -0)	deferred comper		other allowances
Dean	Dank	elson	President & Director,5				
601 F	Pearl S	treet, Joplin, MO 64801	rresident & Director,5	0		0	0
Robe	ert McC	Culloch	President Elect/Director.5				
100 5	S. Cent	tral Ave Clayton, MO 63105	Tresident Electronicator,5				
Eric 2	Zahnd			0		0	0
415 3			Secretary/Director 3	0		0	0
Briar	ard ST.	Platte City, MO 64079	Secretary/Director,3	0		0	0
1 Co	rd ST. 1 Keed	Platte City, MO 64079				<u>-</u>	
	ı Keed	Platte City, MO 64079	Secretary/Director,3 Treasurer/Director,5			<u>-</u>	
	n Keed urt Cir	Platte City, MO 64079 ly	Treasurer/Director,5	0		0	0
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Dwig 411 J	n Keed urt Cir iht Scr	Platte City, MO 64079 ly cle Camdenton, MO 65020 oggins Room 132 St. Joseph, MO 64501	Treasurer/Director,5 Im Past Pres/Director,5	0		0	0
Dwig 411 J Jenn	n Keed urt Circ jht Scr Jules, I lifer Jo	Platte City, MO 64079 ly cle Camdenton, MO 65020 oggins Room 132 St. Joseph, MO 64501	Treasurer/Director,5	0		0	0
Dwig 411 J Jenn 1114	n Keed urt Circ jht Scr Jules, I lifer Jo	Platte City, MO 64079  ly cle Camdenton, MO 65020 oggins Room 132 St. Joseph, MO 64501 lyce et Room 401 St. Louis, MO 63101	Treasurer/Director,5 Im Past Pres/Director,5 Director,2	0		0	0
Dwig 411 J Jenn 1114 Mike	n Keed urt Circ pht Scr Jules, I ufer Jo Marke Fusse	Platte City, MO 64079  ly cle Camdenton, MO 65020 oggins Room 132 St. Joseph, MO 64501 lyce et Room 401 St. Louis, MO 63101	Treasurer/Director,5 Im Past Pres/Director,5	0		0	0
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Jenn 1114 Mike 200 E	n Keed urt Circ pht Scr Jules, I urfer Jo Marke Fusse E. Rolli e Soko	Platte City, MO 64079  ly cle Camdenton, MO 65020 oggins Room 132 St. Joseph, MO 64501 eyce et Room 401 St. Louis, MO 63101 elman ins Moberly, MO 65270	Treasurer/Director,5 Im Past Pres/Director,5 Director,2	0 0		0 0 0	0 0
Jenn 1114 Mike 200 E Steve	n Keed urt Circ pht Scr Jules, I urfer Jo Marke Fusse E. Rolli e Soko Box 864	Platte City, MO 64079  ly cle Camdenton, MO 65020 oggins Room 132 St. Joseph, MO 64501 elyce et Room 401 St. Louis, MO 63101 elman ins Moberly, MO 65270	Treasurer/Director,5  Im Past Pres/Director,5  Director,2  Director, 2  Director,2	0		0 0 0	0 0
Jenn 1114 Mike 200 E Steve PO B	n Keed urt Circ pht Scr Jules, I urfer Jo Marke Fusse E. Rolli e Soko Box 864 ael S.	Platte City, MO 64079  ly cle Camdenton, MO 65020 oggins Room 132 St. Joseph, MO 64501 eyce et Room 401 St. Louis, MO 63101 elman ins Moberly, MO 65270 oloff 4 Kennett, MO 63857	Treasurer/Director,5  Im Past Pres/Director,5  Director,2  Director, 2	0		0 0 0	0 0
Jenn 1114 Mike 200 E Steve PO B	n Keed urt Circ pht Scr Jules, I urfer Jo Marke Fusse E. Rolli e Soko Box 864 ael S.	Platte City, MO 64079  ly cle Camdenton, MO 65020 oggins Room 132 St. Joseph, MO 64501 byce et Room 401 St. Louis, MO 63101 elman ins Moberly, MO 65270 bloff 4 Kennett, MO 63857 Wright	Treasurer/Director,5  Im Past Pres/Director,5  Director,2  Director, 2  Director,2	0 0 0		0 0 0 0	0 0 0
Jenn 1114 Mike 200 E Steve PO B	n Keed urt Circ pht Scr Jules, I urfer Jo Marke Fusse E. Rolli e Soko Box 864 ael S.	Platte City, MO 64079  ly cle Camdenton, MO 65020 oggins Room 132 St. Joseph, MO 64501 byce et Room 401 St. Louis, MO 63101 elman ins Moberly, MO 65270 bloff 4 Kennett, MO 63857 Wright	Treasurer/Director,5  Im Past Pres/Director,5  Director,2  Director, 2  Director,2	0 0 0		0 0 0 0	0 0 0
Jenn 1114 Mike 200 E Steve PO B	n Keed urt Circ pht Scr Jules, I urfer Jo Marke Fusse E. Rolli e Soko Box 864 ael S.	Platte City, MO 64079  ly cle Camdenton, MO 65020 oggins Room 132 St. Joseph, MO 64501 byce et Room 401 St. Louis, MO 63101 elman ins Moberly, MO 65270 bloff 4 Kennett, MO 63857 Wright	Treasurer/Director,5  Im Past Pres/Director,5  Director,2  Director, 2  Director,2	0 0 0		0 0 0 0	0 0 0
Jenn 1114 Mike 200 E Steve PO B	n Keed urt Circ pht Scr Jules, I urfer Jo Marke Fusse E. Rolli e Soko Box 864 ael S.	Platte City, MO 64079  ly cle Camdenton, MO 65020 oggins Room 132 St. Joseph, MO 64501 byce et Room 401 St. Louis, MO 63101 elman ins Moberly, MO 65270 bloff 4 Kennett, MO 63857 Wright	Treasurer/Director,5  Im Past Pres/Director,5  Director,2  Director, 2  Director,2	0 0 0		0 0 0 0	0 0 0
Jenn 1114 Mike 200 E Steve PO B	n Keed urt Circ pht Scr Jules, I urfer Jo Marke Fusse E. Rolli e Soko Box 864 ael S.	Platte City, MO 64079  ly cle Camdenton, MO 65020 oggins Room 132 St. Joseph, MO 64501 byce et Room 401 St. Louis, MO 63101 elman ins Moberly, MO 65270 bloff 4 Kennett, MO 63857 Wright	Treasurer/Director,5  Im Past Pres/Director,5  Director,2  Director, 2  Director,2	0 0 0		0 0 0 0	0 0 0
Jenn 1114 Mike 200 E Steve PO B	n Keed urt Circ pht Scr Jules, I urfer Jo Marke Fusse E. Rolli e Soko Box 864 ael S.	Platte City, MO 64079  ly cle Camdenton, MO 65020 oggins Room 132 St. Joseph, MO 64501 byce et Room 401 St. Louis, MO 63101 elman ins Moberly, MO 65270 bloff 4 Kennett, MO 63857 Wright	Treasurer/Director,5  Im Past Pres/Director,5  Director,2  Director, 2  Director,2	0 0 0		0 0 0 0	0 0 0
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Part	Check if the organization used Schedule O to respond to any question in this Part V					
<del></del>	Check if the organization used schedule of to respond to any question in this rate 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 Q	33	163	✓		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.					
а	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		✓		
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	35b 36		<b>✓</b>		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a 0</b>					
b	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	-	1		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	\$ 2	\$ 3			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			A.		
a b	Initiation fees and capital contributions included on line 9					
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			`		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		1 %	(3		
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				
С	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	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *			
е	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	2 %	~		
41	List the states with which a copy of this return is filed. ▶ none (not required in Missouri)					
42a	The organization's books are in care of ▶ Brian Keedy  Located at ▶ 1 Court Circle, Camdenton, MO  Telephone no. ▶  ZIP + 4 ▶					
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		Yes	No		
	account)?	42b		<b>√</b>		
	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.			8		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	200	~		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here		_ 1	▶┌		
	and enter the amount of tax-exempt interest received or accrued during the tax year		•			
			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	140		140		
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	44a		,		
_	•	44b		<b>√</b>		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		<b></b>		
-	explanation in Schedule O	44d				

Form 990	D-EZ (20	10)							F	age 4
				-				· · ·	Yes	No
45	Is any	related organization a controlled ent	tity of t	the organization within the r	meani	ng of section	512(b)(13)?	45	_	<b>✓</b>
	Did th	the organization receive any payment from or engage in any transaction with a controlled entity within the							[7]	
		eaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of								
		rm 990-EZ (see instructions)								<b>✓</b>
46		e organization engage, directly or inc ndidates for public office? If "Yes," o						46		
Part \	<b>VI</b> :	Section 501(c)(3) organizations	and s	section 4947(a)(1) none	kemp	t charitable	e trusts only. A	ll sec	tion	
	;	501(c)(3) organizations and sections and sections and 52, and complete the tables	on 494 for lin	17(a)(1) nonexempt charit es 50 and 51.	table	trusts must	answer questic	ns 4	7–49	b
		Check if the organization used Sch	edule	O to respond to any ques	tion i	n this Part V	<u> </u>		15.0	· 🔲
									Yes	No
47		e organization engage in lobbying ac					· · · · ·	47	-	
48		organization a school as described in					=	48	-	├──
49a		e organization make any transfers to			a orga	inization?.		49a 49b	<del> </del>	<del> </del>
	Come	s," was the related organization a se- plete this table for the organization's	five hi	ozi organizationi chest compensated employ	 vees l	 other than of	ficers directors		es ar	l kev
50	emple	byees) who each received more than	\$100.0	000 of compensation from t	the or	ganization. If	there is none, en	ter "N	lone.'	' KCy
		<u> </u>	*,	(b) Title and average		Compensation	(d) Contributions to	(е	) Exper	nse
	(a) Na	me and address of each employee paid more than \$100,000		hours per week devoted to position			employee benefit plans & deferred compensation		count a	
		11211 0100,000		devoted to position		• • • • • • • • • • • • • • • • • • • •	<u>'</u>			
									-	
								<u> </u>		
	<b>.</b>									
	<del>-</del>		¢10/	2,000						
f		number of other employees paid over						اممينام		. <b>+</b> haa
51		plete this table for the organization's 000 of compensation from the orga				ent contracto	ors who each rec	eiveu	Hore	HIAN
		(a) Name and address of each independent co				<b>(b)</b> Typ	e of service	(c) Co	mpens	ation
-		<del></del>	· ·	·						
	<b>-</b>			·						
			••••	***************************************						
	Tat-	number of other independent contra	otom	each receiving over \$100.00		<b></b>				
		number of other independent contra ne organization complete Schedule A		<del>-</del>		one and 4947		_		
52		re organization complete scriedule A xempt charitable trusts must attach a			i iizalik	JIIS and 4947	(a)(1) ▶ □	] Yes		No
Linder n		of perjury, I declare that I have examined this r			and stat	ements and to t	he hest of my knowler			<del></del>
true, co	rrect, an	d complete. Declaration of preparer (other than	officer)	is based on all information of which	h prepa	rer has any know	vledge	ago an	a belie	1, 10 13
		// is local		<del>- , -, </del>						
Sian		1 Builley								
Sign Here		Signature of officer Date M. 12							7//	•
nere		Brian Keedy, Tleasure Noy 13								
		Type or print name and title								
Paid		Print/Type preparer's name	Prepa	arer's signature		Date	Check if	PTIN		
Prep	arer	self-employed						<del></del>		
Use		Firm's name ▶		······································			irm's EIN ▶		_	
May H	na IDC	Firm's address ► discuss this return with the preparer	ehow	n ahove? See instructions	_	F	Phone no	7 Var	<del></del>	No.
iviay (I	פטו פיי	discuss this territi with the biebater	3110	H WOOVE : DEE HISH UCHOUS		· · · ·		<u> </u>	<u> </u>	<u>No</u>

## **SCHEDULE O** (Form 990 or 990-EZ)

## 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.

2010 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. Name of the organization

Employer identification number 43-1623856

Missouri Association of Prosecuting Attorneys	43-1623856						
Form 990 - EZ Explanation of Other Expenses in Line 16							
Fall Statewide Training provided on a variety of subjects to over 470 Prosecuting Attorneys and staff.	Cost included conference areas, video						
equipment, meals and materials. \$46,151.00							
Spring Statewide Training provided on variety of subjects to Prosecuting Attorneys, Legal Assistants	and support staff. Cost included						
conference facilities, video equipment, meals and materials. \$31,015.00							
	••						
	••						