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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.

OMB No 1545-0047

2009

Open to Public Inspection

Form 990

Department of the Treasury Internal Revenue Service

A For the 2009 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: BSA TRUST FUND, LOS PADRES COUNCIL C/O PACIFIC CAPITAL BANK NA Doing Business As: ATTN NANCY M.T. BUCK, P.O. BOX 2340 SANTA BARBARA, CA 93120-2340

D Employer identification number: 95-6043542 E Telephone number: 805-967-0105 G Gross receipts \$: 1,285,623.

F Name and address of principal officer: REBECCA FIELDS 4000 MODOC ROAD, SANTA BARBARA, CA 93110

H(a) Is this a group return for affiliates? Yes No H(b) Are all affiliates included? Yes No

I Tax-exempt status: 501(c)(3) 4947(a)(1) or 527

J Website: WWW.LPCBSA.ORG

H(c) Group exemption number L Year of formation: 1910 M State of legal domicile: CA

Part I Summary

Table with 2 columns: Description (1-7a, 7b) and Amount. Includes 'Activities & Governance' section.

Table with 3 columns: Description (8-12), Prior Year, Current Year. Includes 'Revenue' section.

Table with 3 columns: Description (13-19), Prior Year, Current Year. Includes 'Expenses' section.

Table with 3 columns: Description (20-22), Beginning of Current Year, End of Year. Includes 'Net Assets or Fund Balances' section.

Part II Signature Block

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. Signature of officer: REBECCA FIELDS, EXECUTIVE DIRECTOR Date: 8/9/10

Preparer's signature: MCGOWAN GUNTERMANN Date: 8/3/10 Check if self-employed: Preparer's identifying number: 805-962-9175

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED SEP 14 2010

Handwritten notes: 11-17, 11-17

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

TO INSTILL VALUES IN YOUNG PEOPLE, TO PREPARE THEM TO MAKE ETHICAL CHOICES DURING THEIR LIVES, AND TO ASSIST THEM IN ACHIEVING THEIR FULL POTENTIAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

THE PROGRAMS OF THE COUNCIL INCLUDE SCOUTING PROGRAMS TO INSTILL VALUES IN YOUNG PEOPLE, TO PREPARE THEM TO MAKE ETHICAL CHOICES DURING THEIR LIVES, AND TO ASSIST THEM IN ACHIEVING THEIR FULL POTENTIAL

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$

**Part IV Checklist of Required Schedules**

		Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X					
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X				
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X				
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>						
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X				
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X					
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>		X				
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>						
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>						
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>						
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>						
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>						
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>						
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X					
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>X</td> <td></td> </tr> </tbody> </table>	Yes	No	X		
Yes	No						
X							
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X				
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X				
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X				

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</b> Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
	1a		0
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
	1b		0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
	2a		0
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).		
	2b		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
	3b		
<b>4a</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)?		X
	4a		
<b>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.		
	4b		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	7a		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
	7d		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	8		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		X
	9a		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
	9b		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders.	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1a		26	
b	Enter the number of voting members that are independent		
1b		26	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  
REBECCA FIELDS @ LOS PADRES COUNCIL, BSA - 805-967-0105  
4000 MODOC ROAD, SANTA BARBARA, CA 93110

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KAREN TORGESON COUNCIL VICE PRESIDENT		X		X				0.	0.	0.
JOHN ZUCHELLI COUNCIL VICE PRESIDENT		X		X				0.	0.	0.
LYNN H JOHNSON COUNCIL VICE PRESIDENT		X		X				0.	0.	0.
JOHN WILSON COUNCIL VICE PRESIDENT		X		X				0.	0.	0.
LARRY A BASHAM DISTRICT CHAIRMAN		X						0.	0.	0.
DICK BLANKENBURG EXECUTIVE BOARD MEMBER		X						0.	0.	0.
JOHN EVERETT DISTRICT CHAIRMAN		X						0.	0.	0.
TERRY FIBICH EXECUTIVE BOARD MEMBER		X						0.	0.	0.
EDWARD ANTHONY GIRARD EXECUTIVE BOARD MEMBER		X						0.	0.	0.
ERIC D GRIFFITH EXECUTIVE BOARD MEMBER		X						0.	0.	0.
DAVID MAGNUSSON EXECUTIVE BOARD MEMBER		X						0.	0.	0.
JOSEPH A MARTIN EXECUTIVE BOARD MEMBER		X						0.	0.	0.
VANCE MATZKE EXECUTIVE BOARD MEMBER		X						0.	0.	0.
EMIL L MESKO EXECUTIVE BOARD MEMBER		X						0.	0.	0.
JOSEPH L RIRIE EXECUTIVE BOARD MEMBER		X						0.	0.	0.
DONALD L STILLMAN EXECUTIVE BOARD MEMBER		X						0.	0.	0.
JERRY LENTHAL DISTRICT CHAIRMAN		X						0.	0.	0.

**BSA TRUST FUND, LOS PADRES COUNCIL  
C/O PACIFIC CAPITAL BANK NA**

Form 990 (2009)

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT WINSLOW DISTRICT CHAIRMAN		X						0.	0.	0.
RICK TERBORCH COUNCIL PRESIDENT		X		X				0.	0.	0.
LAURIE TAMURA COUNCIL VICE-PRESIDENT		X		X				0.	0.	0.
JAMES R LEWIS COUNCIL VICE-PRESIDENT		X		X				0.	0.	0.
BRUCE J PORTER COUNCIL VICE-PRESIDENT		X		X				0.	0.	0.
J D JOHNSON COUNCIL VICE-PRESIDENT		X		X				0.	0.	0.
LARRY G HIXON COUNCIL TREASURER		X		X				0.	0.	0.
STEPHEN CARLSON COUNCIL COMMISSIONER		X						0.	0.	0.
REESE DAVIES COUNCIL VICE-PRESIDENT		X		X				0.	0.	0.
DONALD M ANDERSON ADVISORY BOARD MEMBER		X						0.	0.	0.
<b>1b Total</b>								0.	125,364.	14,051.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION**

Form **990** (2009)

**BSA TRUST FUND, LOS PADRES COUNCIL  
C/O PACIFIC CAPITAL BANK NA**

Form 990 (2009)

95-6043542 Page 9

<b>Part VIII Statement of Revenue</b>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 64,443.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f		64,443.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>				
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		98,852.		98,852.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross Rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss)		<195,955.>		<195,955.>	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	<b>a</b>				
		<b>b</b> Less direct expenses	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> _____						
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue					
<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions.		<32,660.>	0.	0.	<97,103.>	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>CUSTODIAL FEES</b>	25,378.		25,378.	
b _____				
c _____				
d _____				
e _____				
f All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	25,378.	0.	25,378.	0.
<b>26 Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**BSA TRUST FUND, LOS PADRES COUNCIL  
C/O PACIFIC CAPITAL BANK NA**

Form 990 (2009)

95-6043542 Page 11

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	184,995.	2	142,876.
	3 Pledges and grants receivable, net	25,125.	3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	2,710,067.	11	3,083,099.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	0.	15	39,068.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,920,187.	16	3,265,043.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25		0.	26
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	763,171.	27	1,043,584.
	28 Temporarily restricted net assets		28	39,068.
	29 Permanently restricted net assets	2,157,016.	29	2,182,391.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	2,920,187.	33	3,265,043.
	34 <b>Total liabilities and net assets/fund balances</b>	2,920,187.	34	3,265,043.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

**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

**2009**

Open to Public Inspection

Name of the organization **BSA TRUST FUND, LOS PADRES COUNCIL  
C/O PACIFIC CAPITAL BANK NA** Employer identification number **95-6043542**

**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?
 

	Yes	No
(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?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X
- 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	
LOS PADRES COUNCIL, BOY	95-16967257			X	X		X		261,670.
<b>Total</b>									<b>261,670.</b>

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

**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)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						

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

**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**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2009.</b> 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 <span style="float: right;"><input type="checkbox"/></span>		
<b>b 33 1/3% support test - 2008.</b> 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 <span style="float: right;"><input type="checkbox"/></span>		
<b>17a 10% -facts-and-circumstances test - 2009.</b> 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 <span style="float: right;"><input type="checkbox"/></span>		
<b>b 10% -facts-and-circumstances test - 2008.</b> 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 <span style="float: right;"><input type="checkbox"/></span>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span style="float: right;"><input type="checkbox"/></span>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** 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

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **BSA TRUST FUND, LOS PADRES COUNCIL  
C/O PACIFIC CAPITAL BANK NA**

Employer identification number  
**95-6043542**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply)
 

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
 

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,920,187.	4,224,047.			
b Contributions	64,443.	3,004.			
c Net investment earnings, gains, and losses	544,294.	<1306864.>			
d Grants or scholarships					
e Other expenditures for facilities and programs	263,881.				
f Administrative expenses					
g End of year balance	3,265,043.	2,920,187.			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 32.00 %
- b Permanent endowment ▶ 67.00 %
- c Term endowment ▶ 1.00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 0.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	<32,660.>
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,378.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<58,038.>
4	Net unrealized gains (losses) on investments	4	664,564.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<261,670.>
9	Total adjustments (net) Add lines 4 through 8	9	402,894.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	344,856.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	631,904.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	664,564.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	664,564.
3	Subtract line 2e from line 1	3	<32,660.>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	<32,660.>

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	25,378.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	25,378.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	25,378.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

**PART V, LINE 4: ENDOWMENT ASSETS ARE TO BE HELD IN PERPETUITY WITH**

**EARNINGS FROM ENDOWMENT ASSETS AVAILABLE FOR OPERATIONS AND OTHER**

**PROJECTS.**

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**TRANSFER OF BSA TRUST NET ASSETS: -261670.**

**SCHEDULE J-2**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the Organization **BSA TRUST FUND, LOS PADRES COUNCIL  
C/O PACIFIC CAPITAL BANK NA**

Employer identification number  
**95-6043542**

<b>Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>							<b>(D)</b> Reportable compensation from the organization (W-2/1099-MISC)	<b>(E)</b> Reportable compensation from related organizations (W-2/1099-MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations	
<b>(A)</b> Name and title	<b>(B)</b> Average hours per week	<b>(C)</b> Position (check all that apply)								
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee				Former
RICHARD E ARBAGEY ADVISORY BOARD MEMBER		X						0.	0.	0.
DAVID ATHEY ADVISORY BOARD MEMBER		X						0.	0.	0.
JOSEPH W BAILEY ADVISORY BOARD MEMBER		X						0.	0.	0.
EDMUND BARBEAU ADVISORY BOARD MEMBER		X						0.	0.	0.
SIMON HODSON ADVISORY BOARD MEMBER		X						0.	0.	0.
HERSHEL BREWER ADVISORY BOARD MEMBER		X						0.	0.	0.
DANIEL A CADENA, JR ADVISORY BOARD MEMBER		X						0.	0.	0.
JESSE EDDIE CHAVARRIA ADVISORY BOARD MEMBER		X						0.	0.	0.
JEFFREY B DEVINE ADVISORY BOARD MEMBER		X						0.	0.	0.
ROSEMARY FRYER ADVISORY BOARD MEMBER		X						0.	0.	0.
RANDY GENSKE, III ADVISORY BOARD MEMBER		X						0.	0.	0.
JOSE ORTIZ ADVISORY BOARD MEMBER		X						0.	0.	0.
NORMAN JENSEN ADVISORY BOARD MEMBER		X						0.	0.	0.
GARY L JOHNSON ADVISORY BOARD MEMBER		X						0.	0.	0.
STEVE JORDAN ADVISORY BOARD MEMBER		X						0.	0.	0.
PETER C JORDANO ADVISORY BOARD MEMBER		X						0.	0.	0.
FRANK LEBENS ADVISORY BOARD MEMBER		X						0.	0.	0.
HARVEY LYNN EXECUTIVE BOARD MEMBER		X						0.	0.	0.
JAY E MCCORD ADVISORY BOARD MEMBER		X						0.	0.	0.
ALAN T MUNCH ADVISORY BOARD MEMBER		X						0.	0.	0.

**SCHEDULE J-2**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the Organization **BSA TRUST FUND, LOS PADRES COUNCIL  
C/O PACIFIC CAPITAL BANK NA** Employer Identification number **95-6043542**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GARY R RICKS ADVISORY BOARD MEMBER		X					0.	0.	0.	
WALTER P SCHROEDER ADVISORY BOARD MEMBER		X					0.	0.	0.	
SUE SCHUYLER ADVISORY BOARD MEMBER		X					0.	0.	0.	
PATRICK W SHEEHY ADVISORY BOARD MEMBER		X					0.	0.	0.	
MICHAEL B STOKER ADVISORY BOARD MEMBER		X					0.	0.	0.	
KENT VINING ADVISORY BOARD MEMBER		X					0.	0.	0.	
MICHAEL COLIN WHITEFORD ADVISORY BOARD MEMBER		X					0.	0.	0.	
DONALD BAKER DISTRICT COMMISSIONER		X					0.	0.	0.	
ROGER MAGGIO DISTRICT COMMISSIONER		X					0.	0.	0.	
JEFF SAIS DISTRICT COMMISSIONER		X					0.	0.	0.	
CHUCK SORENSON DISTRICT COMMISSIONER		X					0.	0.	0.	
LANI COLLINS EXECUTIVE BOARD MEMBER		X					0.	0.	0.	
ROBERT MACKENZIE EXECUTIVE BOARD MEMBER		X					0.	0.	0.	
THOMAS MARTIN EXECUTIVE BOARD MEMBER		X					0.	0.	0.	
AUSTIN MILLER EXECUTIVE BOARD MEMBER		X					0.	0.	0.	
ROBERT NEWBY EXECUTIVE BOARD MEMBER		X					0.	0.	0.	
REBECCA FIELDS EXECUTIVE DIRECTOR	40.00			X	X		0.	125,364.	14,051.	

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

BSA TRUST FUND, LOS PADRES COUNCIL  
C/O PACIFIC CAPITAL BANK NA

Employer identification number  
95-6043542

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND TO ASSIST THEM IN ACHIEVING THEIR FULL POTENTIAL

FORM 990, PART VI, SECTION A, LINE 6: ISSUE MEMBERSHIP, REGISTERED

MEMBERS

FORM 990, PART VI, SECTION A, LINE 7A: CHARTER ORGANIZATION

REPRESENTATIVES HAVE VOTING RIGHTS WHEN IT COMES TO APPROVAL OF BOARD

MEMBERS

FORM 990, PART VI, SECTION A, LINE 7B: CHARTER ORGANIZATION

REPRESENTATIVES APPROVE BOARD OF DIRECTORS' SLATE

FORM 990, PART VI, SECTION B, LINE 11: REVIEWED BY AUDIT COMMITTEE

APPROVED BY EXECUTIVE COMMITTEE OF BOARD OF DIRECTORS

FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS REVIEWED ON AN

ANNUAL BASIS WITH ALL STAFF AND EXECUTIVE BOARD MEMBERS

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS SET BY THE NATIONAL

OFFICE OF BSA BASED ON INDEPENDENT STUDIES OF SIMILAR POSITIONS IN OTHER

ORGANIZATIONS

FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON WRITTEN REQUEST AT

COUNCIL ADMINISTRATIVE HEADQUARTERS







**BSA TRUST FUND, LOS PADRES COUNCIL  
C/O PACIFIC CAPITAL BANK NA**

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
		<b>B</b>	<b>261,670.</b>
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



SCHEDULE OF CAPITAL GAINS AND LOSSES FOR TAX PURPOSES

TRANSACTION DESCRIPTION	DATE SOLD	DATE ACQ	NET PROCEEDS	GAIN/LOSS							
				FEDERAL SHORT TERM	STATE SHORT TERM	FEDERAL LONG TERM	STATE LONG TERM	FEDERAL 5 YR GAIN	STATE 5 YR GAIN		
INVESTED PRINCIPAL ASSETS											
LONG TERM CAPITAL GAINS DIST AT \$ .434 PER SHARE FAIRHOLME FD	00/00/00	00/00/00	1,379.63					1,379.63	FL	1,379.63	SL
LONG TERM CAPITAL GAINS DIST OF \$ .024 PER SH ON 7,897 SH PIMCO FDS TOTAL RETURN FD INST #35 **RECORD DATE 12/08/2009	00/00/00	00/00/00	190.89					190.89	FL	190.89	SL
LONG TERM CAPITAL GAINS DIST OF \$ .033 PER SH ON 9,421 SH PIMCO MORTGAGE-BACKED SECURITIES FUND - INS **RECORD DATE 12/08/2009	00/00/00	00/00/00	318.62					318.62	FL	318.62	SL
ALLOCATION OF LONG TERM LOSS VALUE STOCK FUND PACIFIC CAPITAL BANK, N.A.	02/03/09	03/31/02	1,080.18					1,080.18	FL	1,080.18	SL
ALLOCATION OF LONG TERM LOSS BOND FUND PACIFIC CAPITAL BANK, N.A.	02/03/09	07/31/07	5.73					5.73	FL	5.73	SL
ALLOCATION OF SHORT TERM GAIN BOND FUND PACIFIC CAPITAL BANK, N.A.	02/03/09	02/03/09	.02					.02	FL	.02	SL
SOLD 3105.590 SHS 02/11/09 @ 8.05	02/11/09	05/11/07	25,000.00					25,000.00	FL	25,000.00	SL
			34,254.66					34,254.66	FL	34,254.66	SL

ACCOUNT 41-0030-01-9 BSA/GENL OPER AC, LOS PADRES COUNCIL FEDERAL LOSS CARRYOVER  
 TAX IDENT NO 95-6043542 ST .00  
 ADM OFFICER WDR LT .00  
 INV OFFICER AGS

SCHEDULE OF CAPITAL GAINS AND LOSSES FOR TAX PURPOSES

TRANSACTION DESCRIPTION	DATE SOLD DATE ACQ	NET PROCEEDS FEDERAL TAX COST STATE TAX COST	GAIN/LOSS		
			FEDERAL SHORT TERM STATE SHORT TERM	FEDERAL LONG TERM STATE LONG TERM	FEDERAL 5 YR GAIN STATE 5 YR GAIN
PIMCO DEVELOPING LOCAL MARKETS FUND INSTITUTIONAL CLASS		34,254.66			9,254.66- SL
SOLD 2018.843 SHS 02/11/09 @ 7.43	02/11/09 08/01/08	15,000.00 18,876.18 18,876.18	3,876.18- 3,876.18-		
T ROWE PRICE INSTITUTIONAL EMERGING MARKETS BOND FUND					
ALLOCATION OF LONG TERM GAIN BOND FUND PACIFIC CAPITAL BANK, N.A.	03/03/09 03/03/09	11.45- 11.45-			11.45 FL 11.45 SL
ALLOCATION OF SHORT TERM GAIN BOND FUND PACIFIC CAPITAL BANK, N.A.	03/03/09 03/03/09	.14- .14-	.14 .14		
ALLOCATION OF LONG TERM LOSS VALUE STOCK FUND PACIFIC CAPITAL BANK, N.A.	03/03/09 03/31/02	703.11 703.11			703.11- FL 703.11- SL
ALLOCATION OF SHORT TERM LOSS VALUE STOCK FUND PACIFIC CAPITAL BANK, N.A.	03/03/09 03/31/02	1,112.87 1,112.87	1,112.87- 1,112.87-		
SOLD 150 SHS 03/24/09 @ 69.39 CHEVRON CORP NEW COM	03/24/09 02/18/04	10,400.94 6,498.75 6,498.75			3,902.19 FL 3,902.19 SL
SOLD 700 SHS 03/24/09 @ 42.3943 CHUBB CORP COM	03/24/09 07/27/05	29,640.84 28,521.00 28,521.00			1,119.84 FL 1,119.84 SL

ACCOUNT 41-0030-01-9 BSA/GENL OPER AC, LOS PADRES COUNCIL FEDERAL LOSS CARRYOVER  
 TAX IDENT NO 95-6043542 ADM OFFICER WDR ST .00  
 INV OFFICER AGS LT .00

SCHEDULE OF CAPITAL GAINS AND LOSSES FOR TAX PURPOSES

TRANSACTION DESCRIPTION	DATE SOLD DATE ACQ	NET PROCEEDS FEDERAL TAX COST STATE TAX COST	GAIN/LOSS			
			FEDERAL SHORT TERM STATE SHORT TERM	FEDERAL LONG TERM STATE LONG TERM	FEDERAL 5 YR GAIN STATE 5 YR GAIN	FL SL
SOLD 150 SHS 03/24/09 @ 69.86 EXXON MOBIL CORP COM	03/24/09 06/20/02	10,471.44 5,985.00 5,985.00			4,486.44 4,486.44	FL SL
ALLOCATION OF LONG TERM LOSS BOND FUND PACIFIC CAPITAL BANK, N.A.	04/02/09 07/31/07	725.40 725.40			725.40- 725.40-	FL SL
ALLOCATION OF SHORT TERM GAIN BOND FUND PACIFIC CAPITAL BANK, N.A.	04/02/09 04/02/09	1.04- 1.04-	1.04 1.04			
ALLOCATION OF LONG TERM LOSS VALUE STOCK FUND PACIFIC CAPITAL BANK, N.A.	04/02/09 03/31/02	972.16 972.16			972.16- 972.16-	FL SL
ALLOCATION OF SHORT TERM GAIN VALUE STOCK FUND PACIFIC CAPITAL BANK, N.A.	04/02/09 04/02/09	565.77- 565.77-	565.77 565.77			
SOLD 1161.170 SHS 04/20/09 @ 21.53 FAIRHOLME FD	04/20/09 04/01/08	25,000.00 36,588.46 36,588.46			11,588.46- 11,588.46-	FL SL
SOLD 1471.670 SHS 04/20/09 @ 13.59 TEMPLETON INSTL FDS INC FGN EQUITY SER #454	04/20/09 03/05/05	20,000.00 22,238.67 22,238.67			2,238.67- 2,238.67-	FL SL
SOLD 10 SHS 04/20/09 @ 2951	04/20/09 10/20/06	29,508.74 33,200.58			3,691.84-	FL

ACCOUNT 41-0030-01-9 BSA/GENL OPER AC, LOS PADRES COUNCIL FEDERAL LOSS CARRYOVER  
 TAX IDENT NO 95-6043542 ADM OFFICER WDR ST .00  
 INV OFFICER AGS LT .00

SCHEDULE OF CAPITAL GAINS AND LOSSES FOR TAX PURPOSES

TRANSACTION DESCRIPTION	DATE SOLD DATE ACQ	NET PROCEEDS FEDERAL TAX COST STATE TAX COST	----- GAIN/LOSS ----- FEDERAL SHORT TERM STATE SHORT TERM	----- FEDERAL LONG TERM STATE LONG TERM FEDERAL 5 YR GAIN STATE 5 YR GAIN
BERKSHIRE HATHAWAY INC DEL CL B		33,200.58		3,691.84- SL
SOLD 150 SHS 04/20/09	04/20/09	9,592.82		3,094.07 FL
@ 64.0038	02/18/04	6,498.75		3,094.07 SL
CHEVRON CORP NEW COM				
SOLD 200 SHS 04/20/09	04/20/09	8,365.78		532.22- FL
@ 41.88	07/27/05	8,898.00		532.22- SL
CHUBB CORP COM				
SOLD 500 SHS 04/20/09	04/20/09	26,684.31		831.69- FL
@ 53.42	09/06/05	27,516.00		831.69- SL
DANAHER CORP COM				
SOLD 150 SHS 04/20/09	04/20/09	17,504.55		
@ 116.75	11/07/08	12,930.00	4,574.55	
GOLDMAN SACHS GROUP INC COM		12,930.00	4,574.55	
SOLD 200 SHS 04/20/09	04/20/09	20,079.48		3,521.48 FL
@ 100.45	09/14/06	16,558.00		3,521.48 SL
INTERNATIONAL BUSINESS MACHS CORP COM		16,558.00		
SOLD 800 SHS 04/20/09	04/20/09	24,884.31		
@ 32.156	12/03/04	28,026.00		3,141.69- FL
JPMORGAN CHASE & CO COM		28,026.00		3,141.69- SL
ALLOCATION OF LONG TERM LOSS BOND FUND	05/04/09		22.21	22.21- FL
PACIFIC CAPITAL BANK, N.A.	07/31/07		22.21	22.21- SL

ACCOUNT 41-0030-01-9 BSA/GENL OPER AC, LOS PADRES COUNCIL FEDERAL LOSS CARRYOVER  
 TAX IDENT NO 95-6043542 ADM OFFICER WDR ST .00  
 INV OFFICER AGS INT OFFICER LT .00

SCHEDULE OF CAPITAL GAINS AND LOSSES FOR TAX PURPOSES

TRANSACTION DESCRIPTION	DATE SOLD	DATE ACQ	NET PROCEEDS		GAIN/LOSS						
			FEDERAL TAX COST	STATE TAX COST	FEDERAL SHORT TERM	STATE SHORT TERM	FEDERAL LONG TERM	STATE LONG TERM	FEDERAL 5 YR GAIN	STATE 5 YR GAIN	
ALLOCATION OF SHORT TERM GAIN BOND FUND	05/04/09	05/04/09		1.91-			1.91				
PACIFIC CAPITAL BANK, N.A.				1.91-			1.91				
SOLD 2000 SHS 05/18/09 @ 19.3	05/18/09	09/19/08	38,499.00							24,297.90- FL	
AUTODESK INC COM			70,454.65				7,657.75-			24,297.90- SL	
			70,454.65								
SOLD 3000 SHS 05/18/09 @ 15.49	05/18/09	10/12/06	46,318.80							17,701.20- FL	
INTEL CORP COM			64,020.00							17,701.20- SL	
			64,020.00								
SOLD 800 SHS 05/18/09 @ 44.47	05/18/09	09/19/08	35,535.08								
ZIMMER HLDGS INC COM			55,528.00				19,992.92-				
			55,528.00				19,992.92-				
ALLOCATION OF LONG TERM LOSS VALUE STOCK FUND	06/02/09	03/31/02		218.77						218.77- FL	
PACIFIC CAPITAL BANK, N.A.				218.77						218.77- SL	
ALLOCATION OF SHORT TERM GAIN VALUE STOCK FUND	06/02/09	06/02/09		152.79-							
PACIFIC CAPITAL BANK, N.A.				152.79-							
SOLD 2876.870 SHS 06/22/09 @ 8.69	06/22/09	12/31/04	25,000.00								
DREYFUS EMERGING MARKETS FUND			38,166.52							13,166.52- FL	
			38,166.52							13,166.52- SL	
SOLD 2750.275 SHS 06/22/09 @ 9.09	06/22/09	07/19/07	25,000.00								
PIMCO DEVELOPING LOCAL MARKETS FUND			30,570.94							5,570.94- FL	
			30,570.94							5,570.94- SL	

ACCOUNT 41-0030-01-9 BSA/GENL OPER AC, LOS PADRES COUNCIL FEDERAL LOSS CARRYOVER  
 TAX IDENT NO 95-6043542 ADM OFFICER WDR ST .00  
 INV OFFICER AGS INV OFFICER AGS LT .00

SCHEDULE OF CAPITAL GAINS AND LOSSES FOR TAX PURPOSES

TRANSACTION DESCRIPTION	INSTITUTIONAL CLASS	DATE ACQ	DATE SOLD	NET PROCEEDS		GAIN/LOSS		FEDERAL LONG TERM	STATE LONG TERM	FEDERAL 5 YR GAIN	STATE 5 YR GAIN
				FEDERAL TAX COST	STATE TAX COST	FEDERAL SHORT TERM	STATE SHORT TERM				
SOLD 2000 SHS 06/22/09 @ 22.1013 GAMESTOP CORP NEW CL A		06/22/09 04/01/08		44,101.46 102,085.92 102,085.92				57,984.46- FL 57,984.46- SL			
SOLD 1431.499 SHS 06/22/09 @ 23.87 CGM FOCUS FUND		06/22/09 12/31/08		34,164.89 75,312.50 75,312.50		36.05- 36.05-		41,111.56- FL 41,111.56- SL			
SOLD 500 SHS 06/23/09 @ 43.8701 QUALCOMM INC COM		06/23/09 06/04/04		21,909.48 16,989.58 16,989.58				4,919.90 FL 4,919.90 SL			
ALLOCATION OF LONG TERM LOSS BOND FUND PACIFIC CAPITAL BANK, N.A.		07/02/09 07/31/07		338.43 338.43				338.43- FL 338.43- SL			
ALLOCATION OF LONG TERM GAIN VALUE STOCK FUND PACIFIC CAPITAL BANK, N.A.		07/02/09 07/02/09		105.52- 105.52-				105.52 FL 105.52 SL			
ALLOCATION OF SHORT TERM GAIN VALUE STOCK FUND PACIFIC CAPITAL BANK, N.A.		07/02/09 07/02/09		183.35- 183.35-			183.35 183.35				
SOLD 15 SHS 07/07/09 @ 2814.282 BERKSHIRE HATHAWAY INC DEL CL B		07/07/09 10/20/06		42,212.39 49,800.87 49,800.87				7,588.48- FL 7,588.48- SL			
SOLD 500 SHS 07/07/09 @ 39.3718		07/07/09 07/27/05		19,660.39 22,245.00				2,584.61- FL			





ACCOUNT 41-0030-01-9 BSA/GENL OPER AC, LOS PADRES COUNCIL FEDERAL LOSS CARRYOVER  
 TAX IDENT NO 95-6043542 ADM OFFICER WDR ST .00  
 INV OFFICER AGS LT .00

SCHEDULE OF CAPITAL GAINS AND LOSSES FOR TAX PURPOSES

TRANSACTION DESCRIPTION	DATE SOLD	DATE ACQ	NET PROCEEDS			GAIN/LOSS				
			FEDERAL TAX COST	STATE TAX COST	FEDERAL SHORT TERM	STATE SHORT TERM	FEDERAL LONG TERM	STATE LONG TERM	FEDERAL 5 YR GAIN	STATE 5 YR GAIN
ALLOCATION OF SHORT TERM GAIN VALUE STOCK FUND PACIFIC CAPITAL BANK, N.A.	09/02/09	09/02/09	582.23-	582.23-	582.23	582.23				
SOLD 789.474 SHS 09/09/09 @ 19 TEMPLETON INSTL FDS INC FGN EQUITY SER #454	09/09/09	02/05/07	15,000.00	21,505.27				6,505.27- FL	6,505.27- SL	
ALLOCATION OF LONG TERM GAIN BOND FUND PACIFIC CAPITAL BANK, N.A.	10/02/09	10/02/09	20.76-	20.76-				20.76 FL	20.76 SL	
ALLOCATION OF LONG TERM LOSS VALUE STOCK FUND PACIFIC CAPITAL BANK, N.A.	10/02/09	03/31/02	134.22	134.22				134.22- FL	134.22- SL	
ALLOCATION OF SHORT TERM GAIN VALUE STOCK FUND PACIFIC CAPITAL BANK, N.A.	10/02/09	10/02/09	269.68-	269.68-			269.68			
SOLD 118.511 SHS 10/21/09 @ 42.19 COLUMBIA VALUE AND RESTRUCTURING FUND CLASS Z	10/21/09	04/23/08	5,000.00	6,653.21				1,653.21- FL	1,653.21- SL	
SOLD 1279.863 SHS 10/21/09 @ 11.72 DREYFUS EMERGING MARKETS FUND	10/21/09	05/11/07	15,000.00	28,349.47				13,349.47- FL	13,349.47- SL	
SOLD 176.866 SHS 10/21/09 @ 28.27	10/21/09	04/01/08	5,000.00	5,573.05				573.05- FL		

ACCOUNT 41-0030-01-9 BSA/GENL OPER AC, LOS PADRES COUNCIL FEDERAL LOSS CARRYOVER  
 TAX IDENT NO 95-6043542 ADM OFFICER WDR ST .00  
 INV OFFICER AGS INV OFFICER LT .00

SCHEDULE OF CAPITAL GAINS AND LOSSES FOR TAX PURPOSES

TRANSACTION DESCRIPTION	DATE SOLD	DATE ACQ	NET PROCEEDS		GAIN/LOSS		FEDERAL LONG TERM	STATE LONG TERM	FEDERAL 5 YR GAIN	STATE 5 YR GAIN
			FEDERAL TAX COST	STATE TAX COST	FEDERAL SHORT TERM	STATE SHORT TERM				
FAIRHOLME FD			5,573.05							573.05- SL
SOLD 1663.894 SHS 10/27/09	10/27/09		19,800.00							
@ 12.02	02/17/09		15,607.33		4,192.67					
VANGUARD CONVERTIBLE SECS FD #82			15,607.33		4,192.67					
SOLD 50 SHS 10/27/09	10/27/09		9,867.74							
@ 197.41	05/18/09		6,313.99		3,553.75					
APPLE INC COM			6,313.99		3,553.75					
SOLD 500 SHS 10/27/09	10/27/09		27,364.70							4,951.50 FL
@ 54.7808	09/14/06		22,413.20							4,951.50 SL
BAXTER INTL INC COM			22,413.20							
SOLD 100 SHS 10/27/09	10/27/09		7,639.07							3,306.57 FL
@ 76.4427	02/18/04		4,332.50							3,306.57 SL
CHEVRON CORP NEW COM			4,332.50							
SOLD 300 SHS 10/27/09	10/27/09		11,978.93							
@ 39.9808	05/18/09		7,884.00		4,094.93					
COGNIZANT TECH SOLUTIONS CRP COM			7,884.00		4,094.93					
SOLD 150 SHS 10/27/09	10/27/09		7,740.07							1,579.43- FL
@ 51.6518	07/27/05		9,319.50							1,579.43- SL
CONOCOPHILLIPS COM			9,319.50							
SOLD 100 SHS 10/27/09	10/27/09		5,875.33							
@ 58.8048	03/24/09		4,440.32		1,435.01					
ENCANA CORP COM			4,440.32		1,435.01					
SOLD 150 SHS 10/27/09	10/27/09		11,194.48							3,233.48 FL
@ 74.6818	07/27/05		7,961.00							

ACCOUNT 41-0030-01-9 BSA/GENL OPER AC, LOS PADRES COUNCIL FEDERAL LOSS CARRYOVER  
 TAX IDENT NO 95-6043542 ADM OFFICER WDR ST .00  
 INV OFFICER AGS INT OFFICER AGS LT .00

SCHEDULE OF CAPITAL GAINS AND LOSSES FOR TAX PURPOSES

TRANSACTION DESCRIPTION	DATE SOLD DATE ACQ	NET PROCEEDS FEDERAL TAX COST STATE TAX COST	GAIN/LOSS		
			FEDERAL SHORT TERM STATE SHORT TERM	FEDERAL LONG TERM STATE LONG TERM	FEDERAL 5 YR GAIN STATE 5 YR GAIN
EXXON MOBIL CORP COM		7,961.00			3,233.48 SL
SOLD 200 SHS 10/27/09 @ 178.5772	10/27/09 03/24/09	35,704.52 19,237.38	16,467.14 16,467.14		
GOLDMAN SACHS GROUP INC COM					
SOLD 300 SHS 10/27/09 @ 47.3408	10/27/09 11/05/08	14,186.88 11,076.00	3,110.88 3,110.88		
HEWLETT PACKARD CO COM					
SOLD 200 SHS 10/27/09 @ 120.9736	10/27/09 09/14/06	24,184.10 16,558.00		7,626.10 FL 7,626.10 SL	
INTERNATIONAL BUSINESS MACHS CORP COM					
SOLD 300 SHS 10/27/09 @ 44.1318	10/27/09 11/07/05	13,224.20 11,363.00		1,861.20 FL 1,861.20 SL	
JPMORGAN CHASE & CO COM					
SOLD 200 SHS 10/27/09 @ 60.0818	10/27/09 07/23/02	12,006.05 8,856.08		3,149.97 FL 3,149.97 SL	
JOHNSON & JOHNSON COM					
SOLD 250 SHS 10/27/09 @ 99.5884	10/27/09 05/18/09	24,883.96 20,215.00	4,668.96 4,668.96		
PRECISION CASTPARTS CORP COM					
SOLD 500 SHS 10/27/09 @ 40.9515	10/27/09 07/09/08	20,450.22 22,291.97		1,841.75- FL 1,841.75- SL	
QUALCOMM INC COM					

ACCOUNT 41-0030-01-9 BSA/GENL OPER AC, LOS PADRES COUNCIL FEDERAL LOSS CARRYOVER  
 TAX IDENT NO 95-6043542 ADM OFFICER WDR ST .00  
 INV OFFICER AGS INV OFFICER LT .00

SCHEDULE OF CAPITAL GAINS AND LOSSES FOR TAX PURPOSES

TRANSACTION DESCRIPTION	DATE SOLD	DATE ACQ	NET PROCEEDS		GAIN/LOSS		FEDERAL LONG TERM	STATE LONG TERM	FEDERAL 5 YR GAIN	STATE 5 YR GAIN
			FEDERAL TAX COST	STATE TAX COST	FEDERAL SHORT TERM	STATE SHORT TERM				
ALLOCATION OF LONG TERM GAIN VALUE STOCK FUND PACIFIC CAPITAL BANK, N.A.	11/03/09	11/03/09	96.29-	96.29-			96.29		96.29	FL SL
ALLOCATION OF SHORT TERM GAIN VALUE STOCK FUND PACIFIC CAPITAL BANK, N.A.	11/03/09	11/03/09	184.33-	184.33-	184.33					
ALLOCATION OF LONG TERM LOSS BOND FUND PACIFIC CAPITAL BANK, N.A.	11/03/09	07/31/07	22.74	22.74			22.74-		22.74-	FL SL
SOLD 400 SHS 11/12/09 @ 56.2414 ENCANA CORP COM	11/12/09	03/24/09	22,475.98	17,761.28	4,714.70					
ALLOCATION OF LONG TERM GAIN BOND FUND PACIFIC CAPITAL BANK, N.A.	12/02/09	12/02/09	1.17-	1.17-			1.17		1.17	FL SL
ALLOCATION OF LONG TERM GAIN VALUE STOCK FUND PACIFIC CAPITAL BANK, N.A.	12/02/09	12/02/09	435.10-	435.10-			435.10		435.10	FL SL
ALLOCATION OF LONG TERM LOSS BOND FUND PACIFIC CAPITAL BANK, N.A.	01/05/10	07/31/07	9.16	9.16			9.16-		9.16-	FL SL
ALLOCATION OF LONG TERM LOSS VALUE STOCK FUND PACIFIC CAPITAL BANK, N.A.	01/05/10	03/31/02	128.48	128.48			128.48-		128.48-	FL SL

ACCOUNT 41-0030-01-9 BSA/GENL OPER AC, LOS PADRES COUNCIL FEDERAL LOSS CARRYOVER  
 TAX IDENT NO 95-6043542 ADM OFFICER WDR  
 INV OFFICER AGS

SCHEDULE OF CAPITAL GAINS AND LOSSES FOR TAX PURPOSES

TRANSACTION DESCRIPTION	DATE SOLD	DATE ACQ	NET PROCEEDS		FEDERAL SHORT TERM		STATE SHORT TERM		GAIN/LOSS	
			FEDERAL TAX COST	STATE TAX COST	FEDERAL LONG TERM	STATE LONG TERM	FEDERAL 5 YR GAIN	STATE 5 YR GAIN		
INVESTED PRINCIPAL ASSETS TOTAL			1,122,327.56	1,318,282.97	19,426.13	19,426.13	215,381.54 - FL	215,381.54 - SL		
GRAND TOTALS			1,122,327.56	1,318,282.97	19,426.13	19,426.13	215,381.54 - FL	215,381.54 - SL		

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
  - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>BSA TRUST FUND, LOS PADRES COUNCIL C/O PACIFIC CAPITAL BANK NA</b>	Employer identification number <b>95-6043542</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>ATTN NANCY M.T. BUCK, P.O. BOX 2340</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SANTA BARBARA, CA 93120-2340</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**REBECCA FIELDS @ LOS PADRES COUNCIL**

- The books are in the care of ▶ **4000 MODOC ROAD - SANTA BARBARA, CA 93110**  
 Telephone No ▶ **805-967-0105** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2009** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	<b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

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