

Return of Organization Exempt From Income Tax

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2002 calendar year, or tax year beginning **2002**, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ELEANOR BAIRD KRISTENSEN FDN MA 906-012145631391 Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 3838 City or town, state or country, and ZIP + 4 ORLANDO, FL 32802-0000	D Employer identification number 59-6724866
	E Telephone number () -	F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify)

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

H and I are not applicable to section 527 organizations

G Web site **N/A**

J Organization type (check only one) 501(c)(03) (insert no) 4947(a)(1) or 527

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates **N/A**

H(c) Are all affiliates included? Yes No
(If "No" attach a list. See instructions.)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

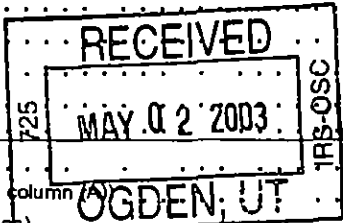
I Enter 4-digit GEN

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **179,188**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a		
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5	STMT 1	10,089
	6 a Gross rents	6a		
	b Less rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe _____)	7			
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	169,099	8a		
	279,392	8b		
	-110,293	8c		
d Net gain or (loss) (combine line 8c columns (A) and (B))	8d		-110,293	
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b Less direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10 a Gross sales of inventory, less returns and allowances	10a			
	b Less cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		-100,204	
Expenses	13 Program services (from line 44, column (B))	13		
	14 Management and general (from line 44, column (C))	14	5,907	
	15 Fundraising (from line 44, column (D))	15		
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17		5,907
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-106,111	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	570,015	
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		463,904



SCANNED BY 18019

For Paperwork Reduction Act Notice, see the separate instructions

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 21 of the instructions)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc (5,886), 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc, 43 Other expenses not covered above (itemize) STMT 2 (21), 44 Total functional expenses (5,907).

Joint Costs Check [] if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$, (iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 24 of the instructions)

What is the organization's primary exempt purpose? STMT 3

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts but optional for others)

Table with 2 columns: Description, Program Service Expenses. Rows include: a SUPPORT OPERATIONS OF VARIOUS CHARITIES, b, c, d, e Other program services (attach schedule), f Total of Program Service Expenses (should equal line 44, column (B), Program services)

Part IV Balance Sheets (See page 24 of the instructions)

Note		(A)		(B)
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	48,697	46	49,139
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule) <input checked="" type="checkbox"/> STMT <input type="checkbox"/> Cost <input type="checkbox"/> FMV	521,318	54	414,765
	55a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b	55c	
	56 Investments - other (attach schedule)		56	
	57a Land, buildings, and equipment basis	57a		
	b Less accumulated depreciation (attach schedule)	57b	57c	
58 Other assets (describe)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	570,015	59	463,904	
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
65 Other liabilities (describe)		65		
66 Total liabilities (add lines 60 through 65)		66		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds	569,359	70	460,087
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	656	72	3,817
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	570,015	73	463,904	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	570,015	74	463,904	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return NOT APPLICABLE

a Total revenue, gains, and other support per audited financial statements . . . ▶ **a**

b Amounts included on line a but not on line 12, Form 990

(1) Net unrealized gains NOT APPLICABLE on investments . . . \$ _____

(2) Donated services and use of facilities \$ _____

(3) Recoveries of prior year grants \$ _____

(4) Other (specify) _____ \$ _____

Add amounts on lines (1) through (4) ▶ **b**

c Line a minus line b ▶ **c**

d Amounts included on line 12, Form 990 but not on line a

(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____

(2) Other (specify) _____ \$ _____

Add amounts on lines (1) and (2) . . ▶ **d**

e Total revenue per line 12, Form 990 (line c plus line d) ▶ **e**

a Total expenses and losses per audited financial statements . . . ▶ **a**

b Amounts included on line a but not on line 17, Form 990

(1) Donated services and use of facilities \$ _____

(2) Prior year adjustments reported on line 20, Form 990 \$ _____

(3) Losses reported on line 20, Form 990 \$ _____

(4) Other (specify) _____ \$ _____

Add amounts on lines (1) through (4) . . ▶ **b**

c Line a minus line b ▶ **c**

d Amounts included on line 17, Form 990 but not on line a

(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____

(2) Other (specify) _____ \$ _____

Add amounts on lines (1) and (2) . . ▶ **d**

e Total expenses per line 17, Form 990 (line c plus line d) ▶ **e**

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 5		5,886	-0-	-0-

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No

If "Yes," attach schedule - see page 26 of the instructions

Part VI Other Information (See page 27 of the instructions)

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 92 regarding organizational activities, financials, and tax status.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2002

Name of the organization

ELEANOR BAIRD KRISTENSEN FDN MA
906-012145631391

Employer identification number

59-6724866

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶ NONE				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶ NONE		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2002

JSA
2E1210 1 000

Part III Statements About Activities (See page 2 of the instructions)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line I or Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3	Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)	3	X
4	Do you have a section 403(b) annuity plan for your employees?	4	X

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)

11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)

12 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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above
SEE STATEMENT 6	

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting NOT APPLICABLE

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Table with columns for Calendar year (or fiscal year beginning in) (a) 2001, (b) 2000, (c) 1999, (d) 1998, and (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11 (a-f); 27 Organizations described on line 12 (a-h); 28 Unusual Grants.

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	

32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions) (To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check a if the organization belongs to an affiliated group
Check b if you checked "a" and "limited control" provisions apply

Table with columns: Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred), (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include lines 36-44 for total lobbying, exempt purpose, and nontaxable amounts.

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for Calendar year (or fiscal year beginning in) 2002, 2001, 2000, 1999, and Total. Rows include lines 45-50 for nontaxable, ceiling, and total lobbying amounts.

Part VI-B Lobbying Activity by Nonelecting Public Charities NOT APPLICABLE (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

Table with columns: Yes, No, Amount. Rows list lobbying activities: a Volunteers, b Paid staff or management, c Media advertisements, d Mailings, e Publications, f Grants, g Direct contact, h Rallies, i Total lobbying expenditures.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

SCHEDULE A, PART IV - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

NAME(S) OF SUPPORTED ORGANIZATION(S)

BOX NUMBER
FROM PART IV

AMERICAN LUNG ASSOCIATION

09
12
12
12
12
12

FORM 990, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION -----	AMOUNT -----
DIVIDENDS AND INT	10,089.
TOTAL	10,089

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION

MANAGEMENT
AND GENERAL

FOREIGN TAXES

21.

TOTALS

21.

=====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

TO SUPPORT THE OPERATIONS OF
VARIOUS CHARITIES

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION

ENDING
BOOK VALUE

SEE ATTACHED

414,765

TOTALS

414,765.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION
SUNTRUST BANK P O. BOX 3838 ORLANDO, FL 32802	INVESTMENT MANAGER	5,886.
NED KELLAR 1770 CEDAR STREET ROCKLEDGE, FL	TRUSTEE AS REQ'D	
HUBERT C. NORMILLE 1499 S. HARBOR CITY BLVD MELBOURNE, FL	TRUSTEE AS REQ'D	
ROBERT C. RAINS 1149 LAKE DRIVE COCOA, FL	TRUSTEE AS REQ'D	
ELEANOR KRISTENSEN 315 ATLANTIC STREET MELBOURNE, FL	TRUSTEE AS REQ'D	
	GRAND TOTALS	5,886.

Capital Gains and Losses

▶ Attach to Form 1041 (or Form 5227). See the separate instructions for Form 1041 (or Form 5227)

2002

Name of estate or trust

Employer identification number

ELEANOR BAIRD KRISTENSEN FDN MA

59-6724866

Note: Form 5227 filers need to complete *only* Parts I and II

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 31)	(f) Gain or (Loss) (col. (d) less col. (e))
1 SEE STATEMENT 1			6,364.	12,515.	-6,151
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824					2
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts					3
4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2001 Capital Loss Carryover Worksheet					4 ()
5 Net short-term gain or (loss). Combine lines 1 through 4 in column (f) Enter here and on line 14 below ▶					5 -6,151

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 31)	(f) Gain or (Loss) (col. (d) less col. (e))	(g) 28% Rate Gain or (Loss) *(see instr. below)
6 LONG-TERM CAPITAL GAIN DIVIDENDS					342	
SEE STATEMENT 3			162,393.	266,877.	-104,484	NONE
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824					7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts					8	
9 Capital gain distributions					9	
10 Gain from Form 4797, Part I					10	
11 Long-term capital loss carryover Enter in both columns (f) and (g) the amount, if any, from line 14, of the 2001 Capital Loss Carryover Worksheet					11 () ()	
12 Combine lines 6 through 11 in column (g).					12	
13 Net long-term gain or (loss) Combine lines 6 through 11 in column (f) Enter here and on line 15 below ▶					13 -104,142	

*28% rate gain or loss includes all "collectibles gains and losses" (as defined on page 31 of the instructions) and up to 50% of the eligible gain on qualified small business stock (see page 30 of the instructions)

Part III Summary of Parts I and II

	(1) Beneficiaries' (see page 32)	(2) Estate's or trust's	(3) Total
14 Net short-term gain or (loss) (from line 5 above)	14		-6,151
15 Net long-term gain or (loss)			
a Total for year (from line 13 above)	15a		-104,142.
b 28% rate gain or (loss) (from line 12 above)	15b		
c Qualified 5 - year gain	15c		
d Unrecaptured section 1250 gain (see line 17 of the worksheet on page 33)	15d		
16 Total net gain or (loss) Combine lines 14 and 15a ▶	16		-110,293

Note If line 16, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 15a and 16, column (2), are net gains, go to Part V, and do not complete Part IV. If line 16, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2002

Part IV Capital Loss Limitation

17 Enter here and enter as a (loss) on Form 1041, line 4, the smaller of
 a The loss on line 16, column (3) or
 b \$3,000

17 (3,000)

If the loss on line 16, column (3), is more than \$3,000, or if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 34 of the instructions to determine your capital loss carryover

Part V Tax Computation Using Maximum Capital Gains Rates (Complete this part only if both lines 15a and 16 in column (2) are gains, and Form 1041, line 22 is more than zero)

Note. If line 15b, column (2) or line 15d, column (2) is more than zero, complete the worksheet on page 35 of the instructions to figure the amount to enter on lines 20 and 38 below and skip all other lines below. Otherwise, go to line 18

18	Enter taxable income from Form 1041, line 22	18	
19	Enter the smaller of line 15a or 16 in column (2)	19	
20	If the estate or trust is filing Form 4952, enter the amount from line 4e, otherwise, enter -0-	20	
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Figure the tax on the amount on line 22. Use the 2002 Tax Rate Schedule on page 21 of the instructions	23	
24	Enter the smaller of the amount on line 18 or \$1,850	24	
If line 24 is greater than line 22, go to line 25. Otherwise, skip lines 25 through 31 and go to line 32			
25	Enter the amount from line 22	25	
26	Subtract line 25 from line 24. If zero or less, enter -0- and go to line 32	26	
27	Enter the estate's or trust's allocable portion of qualified 5-year gain, if any, from line 15c, column (2)	27	
28	Enter the smaller of line 26 or line 27	28	
29	Multiply line 28 by 8% (.08)	29	
30	Subtract line 28 from line 26	30	
31	Multiply line 30 by 10% (.10)	31	
If the amounts on lines 21 and 26 are the same, skip lines 32 through 35 and go to line 36			
32	Enter the smaller of line 18 or line 21	32	
33	Enter the amount, if any, from line 26	33	
34	Subtract line 33 from line 32	34	
35	Multiply line 34 by 20% (.20)	35	
36	Add lines 23, 29, 31, and 35	36	
37	Figure the tax on the amount on line 18. Use the 2002 Tax Rate Schedule on page 21 of the instructions	37	
38	Tax on all taxable income (including capital gains). Enter the smaller of line 36 or line 37 here and on line 1a of Schedule G, Form 1041.	38	

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Short-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
150. GENZYME CORP GENERAL DIVISION COM	10/26/2001	08/19/2002	3,522.	8,189.	-4,667.
200 NOKIA CORP ADR	10/26/2001	08/19/2002	2,842	4,326	-1,484
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			6,364.	12,515.	-6,151.
Totals			6,364	12,515.	-6,151.

ELEANOR BAIRD KRISTENSEN FDN MA
 Schedule D Detail of Long-term Capital Gains and Losses

59-6724866

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
.75 HEWLETT PACKARD COM	05/02/2000	05/08/2002	13	34	-21
10000. UNITED STATES TREAS NTS DTD 05/15/92 7.50% 05/15	07/16/1999	05/15/2002	10,000	1	9,999
300. WORLDCOM INC GA NEW COM	05/10/2000	07/19/2002	24	13,038	-13,014
250. AT&T CORP COM	05/02/2000	08/19/2002	2,657	8,218	-5,561
50 AT&T CORP COM	07/16/1999	08/19/2002	531		531
150. BANK OF AMERICA CORP COM	05/02/2000	08/19/2002	10,476	7,409	3,067
66. CITIGROUP INC COM	05/02/2000	08/19/2002	2,375	2,993	-618
100. DELL COMPUTER CORP COM	05/02/2000	08/19/2002	2,822	5,059	-2,237
300. WALT DISNEY CO	05/02/2000	08/19/2002	5,004	12,474	-7,470
189. HEWLETT PACKARD COM	05/02/2000	08/19/2002	2,858	8,690	-5,832
200 HEWLETT PACKARD COM	01/29/1996	08/19/2002	3,024	4,828	-1,804
125. HOME DEPOT INC COM	08/26/1999	08/19/2002	3,587	5,319	-1,732
125. HONEYWELL INTERNATIONAL INC COM	08/26/1999	08/19/2002	4,001	8,213	-4,212
200. HONEYWELL INTERNATIONAL INC COM	11/30/1999	08/19/2002	6,402	12,041	-5,639
200 INTEL CORP COM	08/26/1999	08/19/2002	3,908	8,125	-4,217
100. INTERNATIONAL BUSINESS MACHS COR COM	08/26/1999	08/19/2002	8,214	12,346	-4,132
300. J P MORGAN CHASE & CO	05/02/2000	08/19/2002	8,076	14,779	-6,703
200 JOHNSON & JOHNSON COM	05/02/2000	08/19/2002	11,156	8,221	2,935
200. LOWES COS INC COM	05/02/2000	08/19/2002	7,998	5,233	2,765
300. MCDONALDS CORP COM	05/02/2000	08/19/2002	7,311	11,537	-4,226
200. MELLON FINANCIAL CORP COM	08/26/1999	08/19/2002	5,582	7,029	-1,447
200 MELLON FINANCIAL CORP COM	05/02/2000	08/19/2002	5,582	6,541	-959
150 MERCK & CO INC COM	05/02/2000	08/19/2002	7,671	10,071	-2,400
50. MICROSOFT CORP COM	08/26/1999	08/19/2002	2,593	4,766	-2,173
250. NORTEL NETWORKS CORP NEW	05/02/2000	08/19/2002	210	14,666	-14,456
112. PFIZER INC COM	08/26/1999	08/19/2002	3,784	2,811	973
300. SCHERING PLOUGH CORP COM	05/02/2000	08/19/2002	6,978	12,024	-5,046
150 TEXTRON INC COM	11/30/1999	08/19/2002	5,982	10,662	-4,680
Totals					

ELEANOR BAIRD KRISTENSEN FDN MA
Schedule D Detail of Long-term Capital Gains and Losses

59-6724866

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
100. TEXTRON INC COM	05/02/2000	08/19/2002	3,988.	6,296.	-2,308.
100. UNITED TECHNOLOGIES CORP	08/26/1999	08/19/2002	6,223.	6,996.	-773.
64 TRAVELERS PROPERTY CASUALTY CL A COM	05/02/2000	08/29/2002	10.	13.	-3.
.753 TRAVELERS PPTY CAS CORP NEW CL B COM	05/02/2000	08/29/2002	13.	17	-4
150 AOL TIME WARNER INC COM	05/02/2000	10/29/2002	2,160.	8,731.	-6,571
100. CISCO SYSTEMS COM STK	05/02/2000	10/29/2002	1,060.	7,097.	-6,037.
200 CISCO SYSTEMS COM STK	11/30/1999	10/29/2002	2,120	8,944	-6,824
100. INTERNATIONAL BUSINESS MACHS COR COM	05/02/2000	10/29/2002	7,661.	11,108	-3,447.
8. TRAVELERS PROPERTY CASUALTY CL A COM	05/02/2000	10/29/2002	108.	166.	-58.
17 TRAVELERS PPTY CAS CORP NEW CL B COM	05/02/2000	10/29/2002	231	381.	-150
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			162,393.	266,877.	-104,484.
Totals			162,393.	266,877	-104,484.

FEDERAL CAPITAL GAIN DIVIDENDS

LONG-TERM CAPITAL GAIN DIVIDENDS

20% MAX RATE CAPITAL GAIN DIVIDENDS

STI CLASSIC FUNDS SMALL CAP GROWTH FUND

342.

TOTAL 20% MAX RATE CAPITAL GAIN DIVIDENDS

342.

TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS

342.