

Return of Organization Exempt From Income Tax

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 2003 calendar year, or tax year beginning , 2003, and ending

B Check if applicable: <input checked="" 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 920-012145631391	D Employer identification number 59-6724866
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 1908	E Telephone number () -
	City or town, state or country, and ZIP + 4 ORLANDO, FL 32802-1908	F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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

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? (If "No," attach a list See instructions) Yes No

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

I Group Exemption Number

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

G Website: **N/A**

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

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.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **237,039.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received STMT 1	a Direct public support	1a	1,155.	1d 1,155.	
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 1,155. noncash \$)				
	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 STMT 2	5		8,821.
		6a 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			
8a Gross amount from sales of assets other than inventory	(A) Securities	8a	227,063.	8d -4,941.	
	(B) Other	8b	232,004.		
	b Less: cost or other basis and sales expenses	8c	-4,941.		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))				
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ of contributions reported on line 1a)	9a		9c	
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)				
10a Gross sales of inventory, less returns and allowances	10a		10c		
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				
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		5,035.		
Expenses	13 Program services (from line 44, column (B))	13	25,000.		
	14 Management and general (from line 44, column (C))	14	4,289.		
	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		29,289.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-24,254.		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	463,904.		
	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		439,650.	

For Paperwork Reduction Act Notice, see the separate instructions.

Revised SCANNED MAY 03 2004

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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 22 of the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	25,000.	25,000.	STMT \$	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	4,271.		4,271.	
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 (attach schedule)				
43	Other expenses not covered above (itemize) STMT 4	18.		18.	
b					
c					
d					
e					
44	Total functional expenses (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15</i>	29,289.	25,000.	4,289.	

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 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 25 of the instructions.)

What is the organization's primary exempt purpose? **STMT 5**

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)

a	SUPPORT OPERATIONS OF VARIOUS CHARITIES				
		(Grants and allocations \$	25,000.)		25,000.
b		(Grants and allocations \$)		
c		(Grants and allocations \$)		
d		(Grants and allocations \$)		
e	Other program services (attach schedule)	(Grants and allocations \$)		
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				25,000.

Part IV Balance Sheets (See page 25 of the instructions.)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
45	Cash - non-interest-bearing		45	
46	Savings and temporary cash investments	49,139.	46	7,651.
47a	Accounts receivable			
b	Less: allowance for doubtful accounts		47c	
48a	Pledges receivable			
b	Less allowance for doubtful accounts		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)			
b	Less: allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments - securities (attach schedule) STMT 6 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	414,765.	54	431,999.
55a	Investments - land, buildings, and equipment, basis			
b	Less: accumulated depreciation (attach schedule)		55c	
56	Investments - other (attach schedule)		56	
57a	Land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)		57c	
58	Other assets (describe ►)		58	
59	Total assets (add lines 45 through 58) (must equal line 74)	463,904.	59	439,650.
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	
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	460,087.	70	433,084.
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds	3,817.	72	6,566.
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)	463,904.	73	439,650.
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	463,904.	74	439,650.

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 VI Other Information (See page 28 of the instructions.)

Table with columns for question number, question text, and Yes/No columns. Rows include questions 76 through 92 regarding organizational activities, expenditures, and tax information.

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Includes handwritten 'NIA'.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets. Includes handwritten 'NIA'.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Includes Yes/No checkboxes.

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here. Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge. Signature of officer: [Handwritten Signature]

Paid Preparer's Use Only. Preparer's signature: [Handwritten Signature], Firm's name (or yours if self-employed), address, and ZIP + 4: KPMG LLP, PO BOX 6768, PROVIDENCE RI

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No 1545-0047

2003

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)

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

Name of the organization **ELEANOR BAIRD KRISTENSEN FDN MA**
920-012145631391

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	

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 of Part VI-B.)		X
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.			
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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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 8	

14 An organization organized and operated to test for public safety. Section 509(a)(4) (See page 6 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.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. NOT APPLICABLE

Table with columns for Calendar year (or fiscal year beginning in) and rows for various income and support categories (15-26). Includes sub-rows for public support calculations (26a-f).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

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)

NOT APPLICABLE

		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.) **NOT APPLICABLE**
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			

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?

Table with 3 columns: Question, Yes, No. Rows include: a Transfers from the reporting organization to a noncharitable exempt organization of: (i) Cash, (ii) Other assets; b Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization, (ii) Purchases of assets from a noncharitable exempt organization, (iii) Rental of facilities, equipment, or other assets, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services or membership or fundraising solicitations; c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains '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 [X] No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

FORM 990, PART I - LIST OF CONTRIBUTORS

=====
(NOT OPEN TO PUBLIC INSPECTION)

Table with 3 columns: NAME AND ADDRESS, DATE, DIRECT PUBLIC SUPPORT. Includes entry for 'VARIOUS CONTRIBUTORS' dated '04/23/2003' with '1,155.' in support, and a 'TOTAL CONTRIBUTION AMOUNTS' row with '1,155.'

FORM 990, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION -----	AMOUNT -----
DIVIDENDS	8,821.
TOTAL	----- 8,821. =====

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS ----- GRANTS PAID =====	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
UNITED WAY OF BREVARD COUNTY	NONE N/A	GENERAL CHARITABLE PURPOSES	10,000.
BREVARD MUSEUM OF ART AND SCIENCE	NONE N/A	GENERAL CHARITABLE PURPOSES	5,000.
BREVARD SYMPHONY ORCHESTRA	NONE N/A	GENERAL CHARITABLE PURPOSES	5,000.
BREVARD YOUTH SYMPHONY ORCHESTRA	NONE N/A	GENERAL CHARITABLE PURPOSES	4,000.
AMERICAN LUNG ASSOCIATION	NONE N/A	GENERAL CHARITABLE PURPOSES	1,000.
		TOTAL CONTRIBUTIONS PAID	----- 25,000. =====

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION

FOREIGN TAXES

TOTALS

MANAGEMENT
AND GENERAL

18.

18.

=====

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 STATEMENT

431,999.

TOTALS

431,999.
=====

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 AS REQ'D	4,271.
NED KELLAR 1770 CEDAR STREET ROCKLEDGE, FL	TRUSTEE AS REQ'D	NONE
HUBERT C. NORMILLE 1499 S. HARBOR CITY BLVD. MELBOURNE, FL	TRUSTEE AS REQ'D	NONE
ROBERT C. RAINS 1149 LAKE DRIVE COCOA, FL	TRUSTEE AS REQ'D	NONE
ELEANOR KRISTENSEN 315 ATLANTIC STREET MELBOURNE, FL	TRUSTEE AS REQ'D	NONE
	GRAND TOTALS	----- 4,271. =====

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2003

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 32)	(f) Gain or (Loss) for the entire year (col (d) less col (e))	(g) Post-May 5 gain or (loss)* (see below)
1 SEE STATEMENT 1			81,580.	78,772.	2,808.	2,808.
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 2002 Capital Loss Carryover Worksheet					4 ()	
5a Combine lines 1 through 3 in column (g)					5a	2,808.
b Net short-term gain or (loss). Combine lines 1 through 4 in column (f). Enter here and on line 14a below ▶					5b	2,808.

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 32)	(f) Gain or (Loss) for the entire year (col (d) less col (e))	(g) Post-May 5 gain or (loss)* (see below)
6 SEE STATEMENT 2			145,483.	153,232.	-7,749.	-7,749.
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 the amount, if any, from line 14 of the 2002 Capital Loss Carryover Worksheet					11 ()	
12 Combine lines 6 through 10 in column (g).					12	-7,749.
13 Net long-term gain or (loss). Combine lines 6 through 11 in column (f). Enter here and on line 15a below ▶					13	-7,749.

*Include in col. (g) all gains and losses from col. (f) from sales, exchanges, or conversions (including installment payments received) after May 5, 2003. However, do not include gain attributable to unrecaptured section 1250 gain or 28% rate gain or loss (see instr.).

Part III Summary of Parts I and II

Caution: Read the instructions before completing this part.

	(1) Beneficiaries' (see page 33)	(2) Estate's or trust's	(3) Total
14a Net short-term gain or (loss) (for the entire year)	14a		2,808.
b(1) Net short-term gain (post-May 5, 2003)	14b(1)		
b(2) Net short-term loss (post-May 5, 2003)	14b(2)	()	
15a Net long-term gain or (loss) (for the entire year)	15a		-7,749.
b Net long-term gain (post-May 5, 2003)	15b		
c Qualified 5-year gain	15c		
d Unrecaptured section 1250 gain (see line 18 of the worksheet on page 34)	15d		
e 28% rate gain or (loss)	15e		
16a Total net gain or (loss). Combine lines 14a and 15a ▶	16a		-4,941.
b Combine lines 14b(2) and 15b. If zero or less, enter -0-	16b		

Note: If line 16a, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 15a and 16a, column (2), are net gains, go to Part V, and do not complete Part IV. If line 16a, 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) 2003

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 16a, column (3) or
 b \$3,000

17 (3,000)

If the loss on line 16a, 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 36 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 16a in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22 is more than zero.)

Note: If line 15d, column (2) or line 15e, column (2) is more than zero, complete the worksheet on page 37 of the instructions and skip Part V. Otherwise, go to line 18.

18	Enter taxable income from Form 1041, line 22	18	
19	Enter the smaller of line 15a or 16a in column (2) but not less than zero	19	
20	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)	20	
21	Add lines 19 and 20	21	
22	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	22	
23	Subtract line 22 from line 21. If zero or less, enter -0-	23	
24	Subtract line 23 from line 18. If zero or less, enter -0-	24	
25	Enter the smaller of the amount on line 18 or \$1,900	25	
If line 24 is more than line 25, skip lines 26-36 and go to line 37.			
26	Enter the amount from line 24	26	
27	Subtract line 26 from line 25. If zero or less, enter -0- and go to line 37	27	
28	Add lines 16b, col. (2) and 20*	28	
29	Enter the smaller of line 27 or line 28	29	
30	Multiply line 29 by 5% (.05)	30	
If lines 27 and 29 are the same, skip lines 31-36 and go to line 37.			
31	Subtract line 29 from line 27	31	
32	Enter the amount, if any, from line 15c, column (2)	32	
33	Enter the smaller of line 31 or line 32	33	
34	Multiply line 33 by 8% (.08)	34	
35	Subtract line 33 from line 31	35	
36	Multiply line 35 by 10% (.10)	36	
If the amounts on lines 23 and 27 are the same, skip lines 37 through 46 and go to line 47.			
37	Enter the smaller of line 18 or line 23	37	
38	Enter the amount, if any, from line 27	38	
39	Subtract line 38 from line 37	39	
40	Add lines 16b, col. (2) and 20*	40	
41	Enter the amount from line 29 (if line 29 is blank, enter -0-)	41	
42	Subtract line 41 from line 40	42	
43	Enter the smaller of line 39 or line 42	43	
44	Multiply line 43 by 15% (.15)	44	
45	Subtract line 43 from line 39	45	
46	Multiply line 45 by 20% (.20)	46	
47	Figure the tax on the amount on line 24. Use the 2003 Tax Rate Schedule on page 21 of the instructions	47	
48	Add lines 30, 34, 36, 44, 46, and 47	48	
49	Figure the tax on the amount on line 18. Use the 2003 Tax Rate Schedule on page 21 of the instructions	49	
50	Tax on all taxable income. Enter the smaller of line 48 or line 49 here and on line 1a of Schedule G, Form 1041	50	

* If lines 20 and 22 are more than zero, see Lines 28 and 40 on page 36 for the amount to enter.

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Short-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
100. CLOROX CO COM	10/29/2002	08/15/2003	4,264.	4,028.	236.
75. GENERAL DYNAMICS CORP COM	10/29/2002	08/15/2003	5,988.	5,904.	84.
75. PROCTER & GAMBLE CO COM	10/29/2002	08/15/2003	6,684.	6,672.	12.
412.1946 STI CLASSIC FUNDS INTERNATIONAL EQUITY FUN	08/19/2002	08/18/2003	3,495.	3,380.	115.
17.2109 STI CLASSIC FUNDS VALUE INCOME STOCK FUND	06/23/2003	08/18/2003	173.	171.	2.
4639.1753 STI CLASSIC FUNDS VALUE INCOME STOCK FUND	08/19/2002	08/18/2003	46,763.	45,000.	1,763.
20.4762 STI CLASSIC FUNDS VALUE INCOME STOCK FUND	12/20/2002	08/18/2003	206.	190.	16.
19.4559 STI CLASSIC FUNDS VALUE INCOME STOCK FUND	03/20/2003	08/18/2003	196.	170.	26.
19.4877 STI CLASSIC FUNDS VALUE INCOME STOCK FUND	09/20/2002	08/18/2003	196.	167.	29.
369.954 STI CLASSIC FD-GROWTH & INC TRUST SHRS	08/18/2003	09/03/2003	4,821.	4,713.	108.
105.8694 STI CLASSIC FUNDS SMALL CAP GROWTH FUND	08/18/2003	09/03/2003	1,905.	1,782.	123.
77.0926 STI CLASSIC FUNDS SMALL CAP EQUITY FD TR C	08/18/2003	09/03/2003	1,193.	1,132.	61.
5.6977 STI CLASSIC FUNDS SMALL CAP EQUITY FD TR C	06/23/2003	09/03/2003	88.	80.	8.
550.3787 STI CLASSIC FUNDS MID-CAP EQUITY FUND	08/18/2003	09/03/2003	5,174.	4,959.	215.
37.6036 STI CLASSIC FUNDS CAPITAL GROWTH FUND	08/18/2003	09/03/2003	434.	424.	10.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			81,580.	78,772.	2,808.
Totals			81,580.	78,772.	2,808.

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

59-6724866

Description	Date Acquired	Date Sold	Gross Sales Prce	Cost or Other Basis	Long-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
50. AOL TIME WARNER INC COM	05/02/2000	08/15/2003	766.	2,912.	-2,146.
100. AOL TIME WARNER INC COM	10/26/2001	08/15/2003	1,533.	3,353.	-1,820.
100. AMGEN INC COM	11/20/1997	08/15/2003	6,861.	1,300.	5,561.
150. BANK OF AMERICA CORP COM	05/02/2000	08/15/2003	12,185.	7,409.	4,776.
200. CITIGROUP INC COM	05/02/2000	08/15/2003	8,956.	8,491.	465.
200. DELL INC COM	05/02/2000	08/15/2003	6,444.	10,119.	-3,675.
150. GENERAL ELEC CO COM	05/02/2000	08/15/2003	4,308.	7,954.	-3,646.
150. GENERAL ELEC CO COM	10/26/2001	08/15/2003	4,308.	5,802.	-1,494.
100. HOME DEPOT INC COM	08/26/1999	08/15/2003	3,339.	4,255.	-916.
100. HOME DEPOT INC COM	10/26/2001	08/15/2003	3,339.	4,013.	-674.
100. INTEL CORP COM	08/26/1999	08/15/2003	2,498.	4,063.	-1,565.
200. INTEL CORP COM	10/26/2001	08/15/2003	4,996.	5,218.	-222.
200. JOHNSON & JOHNSON COM	05/02/2000	08/15/2003	10,172.	8,221.	1,951.
200. LOWES COS INC COM	08/26/1999	08/15/2003	9,728.	4,727.	5,001.
100. MICROSOFT CORP COM	08/26/1999	08/15/2003	2,541.	4,766.	-2,225.
200. MICROSOFT CORP COM	05/02/2000	08/15/2003	5,082.	7,291.	-2,209.
400. NOKIA CORP ADR	08/26/1999	08/15/2003	5,864.	8,402.	-2,538.
300. PFIZER INC COM	08/26/1999	08/15/2003	9,390.	7,529.	1,861.
200. TYCO INTERNATIONAL LTD COM	08/26/1999	08/15/2003	3,884.	10,127.	-6,243.
100. TYCO INTERNATIONAL LTD COM	11/30/1999	08/15/2003	1,942.	4,014.	-2,072.
25. UNITED TECHNOLOGIES CORP	08/26/1999	08/15/2003	1,906.	1,749.	157.
125. UNITED TECHNOLOGIES CORP	05/02/2000	08/15/2003	9,531.	7,815.	1,716.
100. WALMART STORES INC COM	05/02/2000	08/15/2003	5,804.	5,739.	65.
100. WALMART STORES INC COM	08/26/1999	08/15/2003	5,804.	4,746.	1,058.
309.0339 STI CLASSIC FUNDS					
SMALL CAP EQUITY FD TR C	08/19/2002	09/03/2003	4,781.	4,045.	736.
503.5522 STI CLASSIC FUNDS					
INTERNATIONAL EQUITY FUN	08/19/2002	09/03/2003	4,341.	4,129.	212.
548.697 STI CLASSIC FDS MID CAP					
VAL EQUITY FD TRUST SHRS	08/19/2002	09/03/2003	5,180.	5,043.	137.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			145,483.	153,232.	-7,749.
Totals			145,483.	153,232.	-7,749.

Investment Review

	P/I	No of Shares Par Value	Market Value	% of Portfolio	Tax Cost Basis	Est Annual Income	Yield at Market	Market Price
BONDS								
ELECTRIC BONDS								
<i>209111BS1</i>								
<i>CONSOLIDATED EDISON CO NY INC</i>								
<i>NTS SER 92B</i>								
<i>DTD 02/01/92 7.625% DUE 03/01/04</i>								
<i>Bond Rating: A1</i>								
56012145631391	I	0.0000	\$0.00	0.000%	\$0.00	\$0.00	0.000%	\$100.95
ELEANOR BAIRD KRISTENSEN FDN MA								
56012145631391	P	25,000.0000	\$25,237.50	5.630%	\$25,285.75	\$1,906.25	7.553%	\$100.95
ELEANOR BAIRD KRISTENSEN FDN MA								
<i>209111BS1 Total:</i>		<u>25,000.0000</u>	<u>\$25,237.50</u>	<u>5.630%</u>	<u>\$25,285.75</u>	<u>\$1,906.25</u>	<u>7.553%</u>	
ELECTRIC BONDS TOTAL:			\$25,237.50	5.630%	\$25,285.75	\$1,906.25	7.553%	
FINANCE BONDS								
<i>302570AK2</i>								
<i>FPL GROUP CAPITAL INC</i>								
<i>NOTE</i>								
<i>DTD 09/07/99 7.625% DUE 09/15/06</i>								
<i>Bond Rating: A2</i>								
56012145631391	P	25,000.0000	\$28,067.00	6.260%	\$25,244.00	\$1,906.25	6.792%	\$112.27
ELEANOR BAIRD KRISTENSEN FDN MA								
56012145631391	I	0.0000	\$0.00	0.000%	\$0.00	\$0.00	0.000%	\$112.27
ELEANOR BAIRD KRISTENSEN FDN MA								
<i>302570AK2 Total:</i>		<u>25,000.0000</u>	<u>\$28,067.00</u>	<u>6.260%</u>	<u>\$25,244.00</u>	<u>\$1,906.25</u>	<u>6.792%</u>	
FINANCE BONDS TOTAL:			\$28,067.00	6.260%	\$25,244.00	\$1,906.25	6.792%	
GOVERNMENT BACKED MORTGAGES								
<i>36206DXW2</i>								

	P/I	No of Shares Par Value	Market Value	% of Portfolio	Tax Cost Basis	Est Annual Income	Yield at Market	Market Price
BONDS								
GOVERNMENT BACKED MORTGAGES								
<i>GOVERNMENT NATIONAL MTG ASSN</i>								
<i>PASSTHRU CTF POOL #0408493</i>								
<i>DTD 02/01/95 8.500% DUE 02/15/25</i>								
56012145631391	I	0.0000	\$0.00	0.000%	\$0.00	\$0.00	0.000%	\$109.69
ELEANOR BAIRD KRISTENSEN FDN MA								
56012145631391	P	2,177.4400	\$2,388.48	0.530%	\$10,392.82	\$185.08	7.749%	\$109.69
ELEANOR BAIRD KRISTENSEN FDN MA								
<i>36206DXW2 Total:</i>		<u>2,177.4400</u>	<u>\$2,388.48</u>	<u>0.530%</u>	<u>\$10,392.82</u>	<u>\$185.08</u>	<u>7.749%</u>	
<i>36224MGD1</i>								
<i>GOVERNMENT NATIONAL MTG ASSN</i>								
<i>PASSTHRU CTF POOL #332396</i>								
<i>DTD 09/01/92 7.500% DUE 08/15/22</i>								
56012145631391	P	2,456.9200	\$2,653.87	0.590%	\$32,686.93	\$184.27	6.943%	\$108.02
ELEANOR BAIRD KRISTENSEN FDN MA								
56012145631391	I	0.0000	\$0.00	0.000%	\$0.00	\$0.00	0.000%	\$108.02
ELEANOR BAIRD KRISTENSEN FDN MA								
<i>36224MGD1 Total:</i>		<u>2,456.9200</u>	<u>\$2,653.87</u>	<u>0.590%</u>	<u>\$32,686.93</u>	<u>\$184.27</u>	<u>6.943%</u>	
GOVERNMENT BACKED MORTGAGES TOTAL:			<u>\$5,042.35</u>	<u>1.120%</u>	<u>\$43,079.75</u>	<u>\$369.35</u>	<u>7.325%</u>	
INDUSTRIAL BONDS								
<i>58013MDT8</i>								
<i>MCDONALD'S CORP</i>								
<i>MTN SER G</i>								
<i>DTD 08/15/02 3.875% DUE 08/15/07</i>								
<i>Bond Rating: A2</i>								
56012145631391	I	0.0000	\$0.00	0.000%	\$0.00	\$0.00	0.000%	\$102.74
ELEANOR BAIRD KRISTENSEN FDN MA								

	P/I	No of Shares Par Value	Market Value	% of Portfolio	Tax Cost Basis	Est Annual Income	Yield at Market	Market Price
BONDS								
INDUSTRIAL BONDS								
<i>58013MDT8</i>								
<i>MCDONALD'S CORP</i>								
<i>MTN SER G</i>								
<i>DTD 08/15/02 3.875% DUE 08/15/07</i>								
<i>Bond Rating: A2</i>								
56012145631391	P	25,000.0000	\$25,685.25	5.730%	\$24,903.50	\$968.75	3.772%	\$102.74
ELEANOR BAIRD KRISTENSEN FDN MA								
<i>58013MDT8 Total:</i>		<u>25,000.0000</u>	<u>\$25,685.25</u>	<u>5.730%</u>	<u>\$24,903.50</u>	<u>\$968.75</u>	<u>3.772%</u>	
INDUSTRIAL BONDS TOTAL:			<u>\$25,685.25</u>	<u>5.730%</u>	<u>\$24,903.50</u>	<u>\$968.75</u>	<u>3.772%</u>	
BONDS TOTAL:			<u>\$84,032.10</u>	<u>18.740%</u>	<u>\$118,513.00</u>	<u>\$5,150.60</u>	<u>6.129%</u>	
CASH EQUIVALENTS								
MONEY MARKET FUNDS								
<i>ACIVEH103</i>								
<i>STI CLASSIC FD-PRIME MM</i>								
56012145631391	P	1,085.2600	\$1,085.26	0.240%	\$1,085.26	\$5.79	0.534%	\$1.00
ELEANOR BAIRD KRISTENSEN FDN MA								
56012145631391	I	6,565.7500	\$6,565.75	1.460%	\$6,565.75	\$35.04	0.534%	\$1.00
ELEANOR BAIRD KRISTENSEN FDN MA								
<i>ACIVEH103 Total:</i>		<u>7,651.0100</u>	<u>\$7,651.01</u>	<u>1.700%</u>	<u>\$7,651.01</u>	<u>\$40.83</u>	<u>0.534%</u>	
MONEY MARKET FUNDS TOTAL:			<u>\$7,651.01</u>	<u>1.700%</u>	<u>\$7,651.01</u>	<u>\$40.83</u>	<u>0.534%</u>	
CASH EQUIVALENTS TOTAL:			<u>\$7,651.01</u>	<u>1.700%</u>	<u>\$7,651.01</u>	<u>\$40.83</u>	<u>0.534%</u>	
MUTUAL FUNDS OPEN-END								
MUTUAL FUND - FIXED INCOME								
<i>784766628</i>								
<i>STI CLASSIC FD-LTD MTG SECS</i>								
<i>T SHRS</i>								

	P/I	No of Shares Par Value	Market Value	% of Portfolio	Tax Cost Basis	Est Annual Income	Yield at Market	Market Price
MUTUAL FUNDS OPEN-END								
MUTUAL FUND - FIXED INCOME								
784766628								
STI CLASSIC FD-LTD MTG SECS								
T SHRS								
56012145631391	P	2,559.9540	\$26,444.32	5.900%	\$26,164.18	\$842.22	3.185%	\$10.33
ELEANOR BAIRD KRISTENSEN FDN MA								
56012145631391	I	0.0000	\$0.00	0.000%	\$0.00	\$0.00	0.000%	\$10.33
ELEANOR BAIRD KRISTENSEN FDN MA								
784766628 Total:		2,559.9540	\$26,444.32	5.900%	\$26,164.18	\$842.22	3.185%	
784766644								
STI CLASSIC FD-US GOVT SECS								
T SHRS								
56012145631391	I	0.0000	\$0.00	0.000%	\$0.00	\$0.00	0.000%	\$10.55
ELEANOR BAIRD KRISTENSEN FDN MA								
56012145631391	P	968.6832	\$10,219.61	2.280%	\$10,114.43	\$378.76	3.706%	\$10.55
ELEANOR BAIRD KRISTENSEN FDN MA								
784766644 Total:		968.6832	\$10,219.61	2.280%	\$10,114.43	\$378.76	3.706%	
784767584								
STI CLASSIC FD-SUPERSHORT INC								
INSTL PLUS T SHRS								
56012145631391	P	3,510.8887	\$7,021.78	1.560%	\$7,021.81	\$105.33	1.500%	\$2.00
ELEANOR BAIRD KRISTENSEN FDN MA								
56012145631391	I	0.0000	\$0.00	0.000%	\$0.00	\$0.00	0.000%	\$2.00
ELEANOR BAIRD KRISTENSEN FDN MA								
784767584 Total:		3,510.8887	\$7,021.78	1.560%	\$7,021.81	\$105.33	1.500%	
MUTUAL FUND - FIXED INCOME TOTAL:			\$43,685.71	9.740%	\$43,300.42	\$1,326.31	3.036%	
MUTUAL FUNDS - EQUITY								

	P/I	No of Shares Par Value	Market Value	% of Portfolio	Tax Cost Basis	Est Annual Income	Yield at Market	Market Price
MUTUAL FUNDS OPEN-END								
MUTUAL FUNDS - EQUITY								
784766198								
STI CLASSIC FD-GROWTH & INC FD								
T SHRS								
56012145631391	P	6,099.0546	\$87,521.43	19.530%	\$77,732.12	\$841.67	0.962%	\$14.35
ELEANOR BAIRD KRISTENSEN FDN MA								
56012145631391	I	0.0000	\$0.00	0.000%	\$0.00	\$0.00	0.000%	\$14.35
ELEANOR BAIRD KRISTENSEN FDN MA								
784766198 Total:		6,099.0546	\$87,521.43	19.530%	\$77,732.12	\$841.67	0.962%	
784766263								
STI CLASSIC FD-SM CAP GROWTH								
T SHRS								
56012145631391	I	0.0000	\$0.00	0.000%	\$0.00	\$0.00	0.000%	\$19.69
ELEANOR BAIRD KRISTENSEN FDN MA								
56012145631391	P	1,715.6353	\$33,780.86	7.530%	\$25,366.03	\$0.00	0.000%	\$19.69
ELEANOR BAIRD KRISTENSEN FDN MA								
784766263 Total:		1,715.6353	\$33,780.86	7.530%	\$25,366.03	\$0.00	0.000%	
784766370								
STI CLASSIC FD-SM CAP VAL EQUITY								
FKA SM CAP EQUITY T SHRS								
56012145631391	P	1,994.6447	\$34,786.60	7.760%	\$26,115.97	\$147.60	0.424%	\$17.44
ELEANOR BAIRD KRISTENSEN FDN MA								
56012145631391	I	0.0000	\$0.00	0.000%	\$0.00	\$0.00	0.000%	\$17.44
ELEANOR BAIRD KRISTENSEN FDN MA								
784766370 Total:		1,994.6447	\$34,786.60	7.760%	\$26,115.97	\$147.60	0.424%	
784766388								
STI CLASSIC FD-INTL EQ FD								
T SHRS								

	P/I	No of Shares Par Value	Market Value	% of Portfolio	Tax Cost Basis	Est Annual Income	Yield at Market	Market Price
MUTUAL FUNDS OPEN-END								
MUTUAL FUNDS - EQUITY								
784766388								
STI CLASSIC FD-INTL EQ FD								
T SHRS								
56012145631391	I	0.0000	\$0.00	0.000%	\$0.00	\$0.00	0.000%	\$10.07
ELEANOR BAIRD KRISTENSEN FDN MA								
56012145631391	P	1,563.7418	\$15,746.88	3.510%	\$12,839.76	\$212.67	1.351%	\$10.07
ELEANOR BAIRD KRISTENSEN FDN MA								
784766388 Total:		<u>1,563.7418</u>	<u>\$15,746.88</u>	<u>3.510%</u>	<u>\$12,839.76</u>	<u>\$212.67</u>	<u>1.351%</u>	
784766750								
STI CLASSIC FD-MID CAP EQ								
T SHRS								
56012145631391	P	2,813.9358	\$28,786.56	6.420%	\$25,363.65	\$135.07	0.469%	\$10.23
ELEANOR BAIRD KRISTENSEN FDN MA								
56012145631391	I	0.0000	\$0.00	0.000%	\$0.00	\$0.00	0.000%	\$10.23
ELEANOR BAIRD KRISTENSEN FDN MA								
784766750 Total:		<u>2,813.9358</u>	<u>\$28,786.56</u>	<u>6.420%</u>	<u>\$25,363.65</u>	<u>\$135.07</u>	<u>0.469%</u>	
784766867								
STI CLASSIC FD-CAP APPREC								
T SHRS								
56012145631391	I	0.0000	\$0.00	0.000%	\$0.00	\$0.00	0.000%	\$12.16
ELEANOR BAIRD KRISTENSEN FDN MA								
56012145631391	P	7,232.9909	\$87,953.17	19.620%	\$81,515.81	\$0.00	0.000%	\$12.16
ELEANOR BAIRD KRISTENSEN FDN MA								
784766867 Total:		<u>7,232.9909</u>	<u>\$87,953.17</u>	<u>19.620%</u>	<u>\$81,515.81</u>	<u>\$0.00</u>	<u>0.000%</u>	
784767725								
STI CLASSIC FD-MID CAP VAL EQ FD								
T SHRS								

	P/I	No of Shares Par Value	Market Value	% of Portfolio	Tax Cost Basis	Est Annual Income	Yield at Market	Market Price
MUTUAL FUNDS OPEN-END								
MUTUAL FUNDS - EQUITY								
784767725								
STI CLASSIC FD-MID CAP VAL EQ FD								
T SHRS								
56012145631391	I	0.0000	\$0.00	0.000%	\$0.00	\$0.00	0.000%	\$10.37
ELEANOR BAIRD KRISTENSEN FDN MA								
56012145631391	P	2,327.4073	\$24,135.21	5.380%	\$21,252.33	\$134.99	0.559%	\$10.37
ELEANOR BAIRD KRISTENSEN FDN MA								
784767725 Total:		2,327.4073	\$24,135.21	5.380%	\$21,252.33	\$134.99	0.559%	
MUTUAL FUNDS - EQUITY TOTAL:			\$312,710.71	69.750%	\$270,185.67	\$1,472.00	0.471%	
MUTUAL FUNDS OPEN-END TOTAL:			\$356,396.42	79.490%	\$313,486.09	\$2,798.31	0.785%	
TOTAL:			\$448,079.53	100%	\$439,650.10	\$7,989.74	1.783%	