

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)

OMB No. 1545-0047
2004
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning 2004, and ending

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

C Name of organization ELEANOR BAIRD KRISTENSEN FDN MA
200-012145631391
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 1908
City or town, state or country, and ZIP + 4
ORLANDO, FL 32802-1908

D Employer identification number 59-6724866
E Telephone number
F Accounting method: X Cash 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).

G Website: N/A

J Organization type (check only one) X 501(c) ( 3 ) (insert no ) 4947(a)(1) or 527

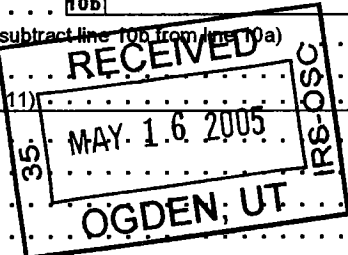
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes X No
H(b) If "Yes," enter number of affiliates N/A
H(c) Are all affiliates included? Yes No
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes X No
I Group Exemption Number
M Check X 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 12 208,872.

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



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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)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations (26,000), 23 Specific assistance, 24 Benefits paid, 25 Compensation of officers (4,807), 26-42 Other expenses, 43 Other expenses not covered (105), 44 Total functional expenses (30,912).

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 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)

Table with 2 columns: Description, Program Service Expenses. Row a: SUPPORT OPERATIONS OF VARIOUS CHARITIES (26,000). Row b: (Grants and allocations \$ ). Row c: (Grants and allocations \$ ). Row d: (Grants and allocations \$ ). Row e: Other program services (Grants and allocations \$ ). Row f: Total of Program Service Expenses (26,000).

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

		(A) Beginning of year		(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
<b>Assets</b>	45 Cash - non-interest-bearing . . . . .		45	
	46 Savings and temporary cash investments . . . . .	7,651.	46	25,154.
	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) STMT 6 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	431,999.	54	378,201.
	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 <input type="checkbox"/> )		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	439,650.	59	403,355.	
<b>Liabilities</b>	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 <input type="checkbox"/> )		65	
66 <b>Total liabilities</b> (add lines 60 through 65) . . . . .		66		
<b>Net Assets or Fund Balances</b>	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 . . . . .	433,084.	70	400,767.
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .	6,566.	72	2,588.
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .	439,650.	73	403,355.	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .	439,650.	74	403,355.	

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.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . 76 Yes No X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? . . . 77 Yes No X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . 78a Yes No X
78b If "Yes," has it filed a tax return on Form 990-T for this year? . . . 78b Yes No N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . 79 Yes No X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . 80a Yes No X
81a Enter direct and indirect political expenditures. See line 81 instructions. . . . 81a Yes No
81b Did the organization file Form 1120-POL for this year? . . . 81b Yes No X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . 82a Yes No X
82b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . . . 82b Yes No N/A
83a Did the organization comply with the public inspection requirements for returns and exemption applications? . . . 83a Yes No X
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . 83b Yes No N/A
84a Did the organization solicit any contributions or gifts that were not tax deductible? . . . 84a Yes No X
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . 84b Yes No N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? . . . 85a Yes No N/A
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . 85b Yes No N/A
85c Dues, assessments, and similar amounts from members . . . 85c Yes No N/A
85d Section 162(e) lobbying and political expenditures . . . 85d Yes No N/A
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . 85e Yes No N/A
85f Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . 85f Yes No N/A
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . 85g Yes No N/A
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . 85h Yes No N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . . . 86a Yes No N/A
86b Gross receipts, included on line 12, for public use of club facilities . . . 86b Yes No N/A
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders . . . 87a Yes No N/A
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . 87b Yes No N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . 88 Yes No X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . 89b Yes No X
89c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . N/A
89d Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . N/A
90a List the states with which a copy of this return is filed NONE REQUIRED
90b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) . . . 90b Yes No
91 The books are in care of SUNTRUST BANK Telephone no (407) 237-4293
Located at 200 S. ORANGE AVE. ORLANDO, FL ZIP + 4 32801
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . 92 Yes No N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .					
96 Dividends and interest from securities . . . . .			14	10,768.	
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .			18	22,294.	
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				33,062.	
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					33,062.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

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

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).
▼	N/A

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

(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
N/A	%			
	%			
	%			
	%			

**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?  Yes  No  
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

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

Under penalties of perjury, I declare that I have examined this return and believe it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

**Please Sign Here**  
 Signature of officer: Robert R. Paine  
 Type or print name and title: Robert R. Paine, Sec

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

**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

**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

**2004**

Department of the Treasury  
Internal Revenue Service

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	

<b>Part III Statements About Activities (See page 2 of the instructions.)</b>		<b>Yes</b>	<b>No</b>
<b>1</b>	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). 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
<b>2</b>	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.)		
<b>a</b>	Sale, exchange, or leasing of property?		X
<b>b</b>	Lending of money or other extension of credit?		X
<b>c</b>	Furnishing of goods, services, or facilities?		X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
<b>e</b>	Transfer of any part of its income or assets?		X
<b>3a</b>	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>b</b>	Do you have a section 403(b) annuity plan for your employees?		X
<b>4a</b>	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
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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 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.

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

Table with 6 columns: (a) 2003, (b) 2002, (c) 2001, (d) 2000, (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 not included in line 18; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 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 Enter 2% of amount in column (e), line 24 NOT APPLICABLE; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines: 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

NOT APPLICABLE

(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

c Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test: Enter amount from line 23, column (e); g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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
<b>29</b> 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? . . . . .	<b>29</b>	
<b>30</b> 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? . . . . .	<b>30</b>	
<b>31</b> 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 ) ----- ----- -----	<b>31</b>	
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .	<b>33h</b>	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</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.	<b>34b</b>	
<b>35</b> 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 . . . . .	<b>35</b>	

**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.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b>	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	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**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.)

Calendar year (or fiscal year beginning in) ▶	<b>Lobbying Expenditures During 4-Year Averaging Period</b>				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> 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 11 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
<b>a</b> Volunteers . . . . .	<input type="checkbox"/>	X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .	<input type="checkbox"/>	X	
<b>c</b> Media advertisements . . . . .	<input type="checkbox"/>	X	
<b>d</b> Mailings to members, legislators, or the public . . . . .	<input type="checkbox"/>	X	
<b>e</b> Publications, or published or broadcast statements . . . . .	<input type="checkbox"/>	X	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .	<input type="checkbox"/>	X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .	<input type="checkbox"/>	X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .	<input type="checkbox"/>	X	
<b>i</b> 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.



**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

**2004**

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 33)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
1	SEE STATEMENT 3			67,996.	63,825.	4,171.
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 2003 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 13, column (3) below . . . . . ▶					5 4,171.

**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 33)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
6	LONG-TERM CAPITAL GAIN DIVIDENDS SEE STATEMENT 4		STMT 5	125,310.	111,985.	13,325.
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 2003 Capital Loss Carryover Worksheet . . . . .					11 ( )
12	Net long-term gain or (loss). Combine lines 6 through 11 in column (f). Enter here and on line 14a, column (3) below . . . . . ▶					12 18,123.

**Part III Summary of Parts I and II**

**Caution: Read the instructions before completing this part.**

	(1) Beneficiaries' (see page 34)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss) . . . . .	13		4,171.
14 Net long-term gain or (loss):			
a Total for year . . . . .	14a		18,123.
b Unrecaptured section 1250 gain (see line 18 of the worksheet on page 34) . . . . .	14b		
c 28% rate gain or (loss) . . . . .	14c		
15 Total net gain or (loss). Combine lines 13 and 14a . . . . . ▶	15		22,294.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, 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) 2004



**Part IV Capital Loss Limitation**

<b>16</b> Enter here and enter as a (loss) on Form 1041, line 4, the <b>smaller</b> of: a The loss on line 15, column (3) or b \$3,000	<b>16</b> (                    )
--	----------------------------------

*If the loss on line 15, 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 14a and 15 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 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 37 of the instructions and skip Part V. Otherwise, go to line 17.*

<b>17</b> Enter taxable income from Form 1041, line 22	<b>17</b>	
<b>18</b> Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero	<b>18</b>	
<b>19</b> Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)	<b>19</b>	
<b>20</b> Add lines 18 and 19	<b>20</b>	
<b>21</b> If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	<b>21</b>	
<b>22</b> Subtract line 21 from line 20. If zero or less, enter -0-	<b>22</b>	
<b>23</b> Subtract line 22 from line 17. If zero or less, enter -0-	<b>23</b>	
<b>24</b> Enter the <b>smaller</b> of the amount on line 17 or \$1,950	<b>24</b>	
<b>25</b> Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> <b>Yes.</b> Skip lines 25 through 27; go to line 28 and check the "No" box. <input type="checkbox"/> <b>No.</b> Enter the amount from line 23	<b>25</b>	
<b>26</b> Subtract line 25 from line 24	<b>26</b>	
<b>27</b> Multiply line 26 by 5% (.05)	<b>27</b>	
<b>28</b> Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> <b>Yes.</b> Skip lines 28 through 31; go to line 32. <input type="checkbox"/> <b>No.</b> Enter the <b>smaller</b> of line 17 or line 22	<b>28</b>	
<b>29</b> Enter the amount from line 26 (If line 26 is blank, enter -0-)	<b>29</b>	
<b>30</b> Subtract line 29 from line 28	<b>30</b>	
<b>31</b> Multiply line 30 by 15% (.15)	<b>31</b>	
<b>32</b> Figure the tax on the amount on line 23. Use the 2004 Tax Rate Schedule on page 22 of the instructions	<b>32</b>	
<b>33</b> Add lines 27, 31, and 32	<b>33</b>	
<b>34</b> Figure the tax on the amount on line 17. Use the 2004 Tax Rate Schedule on page 22 of the instructions	<b>34</b>	
<b>35</b> <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 33 or line 34 here and on line 1a of Schedule G, Form 1041	<b>35</b>	

FORM 990, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION

AMOUNT

DIVIDENDS & INTEREST

10,768.

TOTAL

10,768.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

=====

DESCRIPTION

-----

AMOUNT

-----

BV ADJ-GOVT NAT'L MORTG ASS'N

38,445.

TOTAL

-----  
38,445.  
=====



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

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
<u>GRANTS PAID</u>			
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.
THE BREVARD LIBRARY FOUNDATION	NONE PUBLIC	OPERATIONAL	1,000.
BREVARD YOUTH SYMPHONY ORCHESTRA	NONE N/A	GENERAL CHARITABLE PURPOSES	5,000.
TOTAL CONTRIBUTIONS PAID			----- 26,000. =====

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION

-----

MANAGEMENT  
AND GENERAL

-----

FOUNDATION LUNCHEON

105.

-----

TOTALS

105.

=====

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

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TO SUPPORT THE OPERATIONS OF  
VARIOUS CHARITIES

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
SEE ATTACHED STATEMENT	431,999.	378,201.
TOTALS	----- 431,999. =====	----- 378,201. =====

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	4,807.
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	4,807.

SCHEDULE A, PART IV - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

=====

NAME(S) OF SUPPORTED ORGANIZATION(S)	BOX NUMBER FROM PART IV
-----	-----
BREVARD MUSEUM OF ART & SCIENCE	11A
UNITED WAY OF BREVARD COUNTY	11A
BREVARD SYMPHONY ORCHESTRA	11A
BREVARD YOUTH SYMPHONY ORCHESTRA	11A
BREVARD LIBRARY FOUNDATION	11A

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

59-6724866

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Short-term Gain/Loss
<b>CAPITAL GAINS (LOSSES) FROM SECURITIES</b>					
10.3276 STI CLASSIC FD-GROWTH & INC TRUST SHRS	03/22/2004	04/06/2004	155.	149.	6.
20.6775 STI CLASSIC FD-GROWTH & INC TRUST SHRS	12/22/2003	04/06/2004	310.	292.	18.
16.6521 STI CLASSIC FD-GROWTH & INC TRUST SHRS	09/22/2003	04/06/2004	250.	214.	36.
531.3575 STI CLASSIC FD-GROWTH & INC TRUST SHRS	08/18/2003	04/06/2004	7,965.	6,769.	1,196.
163.5408 STI CLASSIC FUNDS SMALL CAP GROWTH FUND	08/18/2003	04/06/2004	3,568.	2,752.	816.
.1806 STI CLASSIC FUNDS SMALL CAP EQUITY FD TR C	03/22/2004	04/06/2004	3.	3.	
1.9282 STI CLASSIC FUNDS SMALL CAP EQUITY FD TR C	12/22/2003	04/06/2004	37.	33.	4.
1.4088 STI CLASSIC FUNDS SMALL CAP EQUITY FD TR C	09/22/2003	04/06/2004	27.	22.	5.
21.4492 STI CLASSIC FUNDS INTERNATIONAL EQUITY FUN	12/22/2003	04/06/2004	227.	209.	18.
1.047 STI CLASSIC FUNDS MID-CAP EQUITY FUND	03/22/2004	04/06/2004	11.	11.	
7.8302 STI CLASSIC FUNDS MID-CAP EQUITY FUND	12/22/2003	04/06/2004	84.	79.	5.
5.9549 STI CLASSIC FUNDS MID-CAP EQUITY FUND	09/22/2003	04/06/2004	64.	55.	9.
253.7484 STI CLASSIC FUNDS MID-CAP EQUITY FUND	08/18/2003	04/06/2004	2,728.	2,286.	442.
684.6656 STI CLASSIC CAPITAL APPRECIATION FUND	08/18/2003	04/06/2004	8,682.	7,716.	966.
2.3274 STI CLASSIC FDS MID CAP VAL EQUITY FD TRUST	03/22/2004	04/06/2004	26.	25.	1.
3.638 STI CLASSIC FDS MID CAP VAL EQUITY FD TRUST SHRS	12/22/2003	04/06/2004	40.	37.	3.
<b>Totals</b>					

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

59-6724866

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Short-term Gain/Loss
2.9914 STI CLASSIC FDS MID CAP VAL EQUITY FD TRUST	09/22/2003	04/06/2004	33.	28.	5.
.8009 STI CLASSIC FUNDS SMALL CAP EQUITY FD TR C	09/21/2004	10/26/2004	15.	15.	
2.4172 STI CLASSIC FUNDS SMALL CAP EQUITY FD TR C	06/22/2004	10/26/2004	47.	45.	2.
4.0717 STI CLASSIC FUNDS MID-CAP EQUITY FUND	09/21/2004	10/26/2004	43.	43.	
3.0813 STI CLASSIC FUNDS MID-CAP EQUITY FUND	06/22/2004	10/26/2004	33.	32.	1.
4.264 STI CLASSIC FDS MID CAP VAL EQUITY FD TRUST SHRS	09/21/2004	10/26/2004	47.	47.	
7.4533 STI CLASSIC FDS MID CAP VAL EQUITY FD TRUST	06/22/2004	10/26/2004	83.	82.	1.
200.7316 STI CLASSIC FD-GROWTH & INC TRUST SHRS	10/26/2004	12/21/2004	3,240.	3,007.	233.
12.0449 STI CLASSIC FD-GROWTH & INC TRUST SHRS	09/21/2004	12/21/2004	194.	180.	14.
12.3847 STI CLASSIC FD-GROWTH & INC TRUST SHRS	06/22/2004	12/21/2004	200.	184.	16.
32.0392 STI CLASSIC FUNDS SMALL CAP EQUITY FD TR C	12/21/2004	12/21/2004	637.	631.	6.
240.2688 STI CLASSIC FUNDS INTERNATIONAL EQUITY FUN	10/26/2004	12/21/2004	2,816.	2,561.	255.
109.9508 STI CLASSIC CAPITAL APPRECIATION FUND	12/21/2004	12/21/2004	1,397.	1,385.	12.
303.2624 STI CLASSIC CAPITAL APPRECIATION FUND	10/26/2004	12/21/2004	3,854.	3,621.	233.
1368. STI CLASSIC FD-INSTL HIGH QUAL BD FD T SHS #708	10/26/2004	12/21/2004	13,707.	13,789.	-82.
3.3118 STI CLASSIC FD-INSTL HIGH QUAL BD FD T SHS #7	10/31/2004	12/21/2004	33.	33.	
1716.4179 STI CLASSIC FD-INSTL HIGH QUAL BD FD T SHS #7	04/06/2004	12/21/2004	17,199.	17,250.	-51.
3.4287 STI CLASSIC FD-INSTL HIGH QUAL BD FD T SHS #7					
<b>Totals</b>					





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
<b>CAPITAL GAINS (LOSSES) FROM SECURITIES</b>					
25000. CONSOLIDATED EDISON CO NY INC NOTES SERIES 92B	04/03/2000	03/01/2004	25,000.	25,286.	-286.
185.4043 STI CLASSIC FUNDS SMALL CAP EQUITY FD TR C	08/19/2002	04/06/2004	3,512.	2,427.	1,085.
128.1724 STI CLASSIC FUNDS INTERNATIONAL EQUITY FUN	08/19/2002	04/06/2004	1,355.	1,051.	304.
212.7267 STI CLASSIC FDS MID CAP VAL EQUITY FD TRUST	08/19/2002	04/06/2004	2,366.	1,955.	411.
25000. FPL GROUP CAPITAL INC NOTE	04/03/2000	10/25/2004	27,025.	25,244.	1,781.
25000. MCDONALD'S CORP MTN SER G	08/20/2002	10/25/2004	25,430.	24,904.	526.
134.9861 STI CLASSIC FUNDS SMALL CAP GROWTH FUND	08/18/2003	10/26/2004	2,766.	2,272.	494.
319.7835 STI CLASSIC FUNDS SMALL CAP GROWTH FUND	08/19/2002	10/26/2004	6,552.	4,595.	1,957.
630.1417 STI CLASSIC FUNDS SMALL CAP EQUITY FD TR C	08/19/2002	10/26/2004	12,137.	8,249.	3,888.
400.2136 STI CLASSIC FUNDS MID-CAP EQUITY FUND	08/18/2003	10/26/2004	4,246.	3,606.	640.
477.8282 STI CLASSIC FDS MID CAP VAL EQUITY FD TRUST	08/19/2002	10/26/2004	5,299.	4,391.	908.
2110.04 GOVERNMENT NATIONAL MTG ASSN PASSTHRU CTF POOL #	07/21/1999	11/15/2004	2,131.	2,110.	21.
514.61 GOVERNMENT NATIONAL MTG ASSN PASSTHRU CTF POOL #	07/21/1999	11/15/2004	520.	515.	5.
170.7651 STI CLASSIC FD-GROWTH & INC TRUST SHRS	08/18/2003	12/21/2004	2,756.	2,176.	580.
216.4487 STI CLASSIC FUNDS MID-CAP EQUITY FUND	08/18/2003	12/21/2004	2,552.	1,950.	602.
136.4627 STI CLASSIC FDS MID CAP VAL EQUITY FD TRUST	08/19/2002	12/21/2004	1,663.	1,254.	409.
<b>TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES</b>			<b>125,310.</b>	<b>111,985.</b>	<b>13,325.</b>
<b>Totals</b>			<b>125,310.</b>	<b>111,985.</b>	<b>13,325.</b>

FEDERAL CAPITAL GAIN DIVIDENDS

LONG-TERM CAPITAL GAIN DIVIDENDS

15% RATE CAPITAL GAIN DIVIDENDS

STI CLASSIC FUNDS SMALL CAP GROWTH FUND	1,826.
STI CLASSIC FUNDS SMALL CAP EQUITY FD TR CL	1,587.
STI CLASSIC CAPITAL APPRECIATION FUND	1,385.

TOTAL 15% RATE CAPITAL GAIN DIVIDENDS 4,798.

TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS 4,798.

<b>Investment Review</b>	<b>5631391 ELEANOR BAIRD KRISTENSEN FDN MA</b>	Assets As of <b>12/31/2004</b>
As of 03/02/2005 (Settle Date View)		OI

	No of Shares PI Par Value	Market Value	% of Portfolio	Tax Cost Basis	Est Annual Income	Yield at Mkt	Market Price
<b>CASH EQUIVALENTS</b>		<b>\$25,154.10</b>	<b>5.407%</b>	<b>\$25,154.10</b>	<b>\$412</b>	<b>1.640%</b>	
<b>MONEY MARKET FUNDS</b>		<b>\$25,154.10</b>	<b>5.407%</b>	<b>\$25,154.10</b>	<b>\$412</b>	<b>1.640%</b>	
ACIVEH491 STI CLASSIC FD-PRIME QUALITY MM FD T SHS Bond Rating: n/a	25,154.1000	\$25,154.10	5.407%	\$25,154.10	\$412	1.640%	\$1.00
56012145631391 ELEANOR BAIRD KRISTENSEN FDN MA	P 22,566.3900	\$22,566.39	4.851%	\$22,566.39	\$370	1.640%	\$1.00
56012145631391 ELEANOR BAIRD KRISTENSEN FDN MA	I 2,587.7100	\$2,587.71	0.556%	\$2,587.71	\$42	1.640%	\$1.00
<b>MUTUAL FUNDS OPEN-END</b>		<b>\$440,088.36</b>	<b>94.592%</b>	<b>\$378,201.08</b>	<b>\$5,926</b>	<b>1.347%</b>	
<b>MUTUAL FUND - FIXED INCOME</b>		<b>\$135,243.89</b>	<b>29.088%</b>	<b>\$135,318.79</b>	<b>\$4,442</b>	<b>3.285%</b>	
784766628 STI CLASSIC FD-LTD MTG SECS FD T SHS #534 Bond Rating: n/a	4,410.3322	\$45,073.60	9.688%	\$45,183.15	\$1,477	3.278%	\$10.22
56012145631391 ELEANOR BAIRD KRISTENSEN FDN MA	P 4,410.3322	\$45,073.60	9.688%	\$45,183.15	\$1,477	3.278%	\$10.22
784766644 STI CLASSIC FD-US GOVT SECS FD T SHS #532 Bond Rating: n/a	4,280.4671	\$45,073.32	9.688%	\$45,113.63	\$1,575	3.495%	\$10.53
56012145631391 ELEANOR BAIRD KRISTENSEN FDN MA	P 4,280.4671	\$45,073.32	9.688%	\$45,113.63	\$1,575	3.495%	\$10.53
784766826 STI CLASSIC FD-ST BD FD T SHS #516 Bond Rating: n/a	1,606.5081	\$15,759.84	3.387%	\$15,775.91	\$379	2.406%	\$9.81
56012145631391 ELEANOR BAIRD KRISTENSEN FDN MA	P 1,606.5081	\$15,759.84	3.387%	\$15,775.91	\$379	2.406%	\$9.81
784767477 STI CLASSIC FD-INSTL HIGH QUAL BD FD T SHS #708 Bond Rating: n/a	3.2647	\$32.65	0.007%	\$32.13	\$1	2.113%	\$10.00
56012145631391 ELEANOR BAIRD KRISTENSEN FDN MA	P 3.2647	\$32.65	0.007%	\$32.13	\$1	2.113%	\$10.00
784767584 STI CLASSIC FD-INSTL SUPER SHORT INCOME PLUS FD T SHS #937 Bond Rating: n/a	6,718.9937	\$13,437.99	2.888%	\$13,438.06	\$195	1.450%	\$2.00
56012145631391 ELEANOR BAIRD KRISTENSEN FDN MA	P 6,718.9937	\$13,437.99	2.888%	\$13,438.06	\$195	1.450%	\$2.00
784767691 STI CLASSIC FD-STRATEGIC INCOME FD T SHS #414 Bond Rating: n/a	1,509.6565	\$15,866.49	3.410%	\$15,775.91	\$815	5.138%	\$10.51
56012145631391 ELEANOR BAIRD KRISTENSEN FDN MA	P 1,509.6565	\$15,866.49	3.410%	\$15,775.91	\$815	5.138%	\$10.51
<b>MUTUAL FUNDS - EQUITY</b>		<b>\$304,844.47</b>	<b>65.524%</b>	<b>\$242,882.29</b>	<b>\$1,484</b>	<b>0.487%</b>	
784766198 STI CLASSIC FD-GROWTH & INC FD T SHS #983 Bond Rating: n/a	5,383.5497	\$87,321.18	18.769%	\$68,667.85	\$872	0.999%	\$16.22

	56012145631391	P	5,383,5497	\$87,321.18	18.769%	\$68,667.85	\$872	0.999%	\$16.22
	ELEANOR BAIRD KRISTENSEN FDN MA								
☉	784766263		1,237.8433	\$25,932.82	5.574%	\$18,611.98	\$0	0.000%	\$20.95
	STI CLASSIC FD-SM CAP GROWTH FD T SHS #614 Bond Rating: n/a								
	56012145631391	P	1,237.8433	\$25,932.82	5.574%	\$18,611.98	\$0	0.000%	\$20.95
	ELEANOR BAIRD KRISTENSEN FDN MA								
☉	784766370		1,235.4663	\$25,030.55	5.380%	\$16,562.32	\$48	0.192%	\$20.26
	STI CLASSIC FD-SM CAP VAL EQUITY FKA SM CAP EQUITY T SHS #588 Bond Rating: n/a								
	56012145631391	P	1,235.4663	\$25,030.55	5.380%	\$16,562.32	\$48	0.192%	\$20.26
	ELEANOR BAIRD KRISTENSEN FDN MA								
☉	784766388		2,725.8622	\$32,355.98	6.955%	\$25,588.20	\$308	0.952%	\$11.87
	STI CLASSIC FD-INTL EQ FD T SHS #540 Bond Rating: n/a								
	56012145631391	P	2,725.8622	\$32,355.98	6.955%	\$25,588.20	\$308	0.952%	\$11.87
	ELEANOR BAIRD KRISTENSEN FDN MA								
☉	784766750		1,932.5090	\$23,035.51	4.951%	\$17,419.69	\$97	0.419%	\$11.92
	STI CLASSIC FD-MID CAP EQ FD T SHS #520 Bond Rating: n/a								
	56012145631391	P	1,932.5090	\$23,035.51	4.951%	\$17,419.69	\$97	0.419%	\$11.92
	ELEANOR BAIRD KRISTENSEN FDN MA								
☉	784766867		7,268.1668	\$92,669.13	19.919%	\$82,394.54	\$0	0.000%	\$12.75
	STI CLASSIC FD-CAP APPREC FD T SHS #510 Bond Rating: n/a								
	56012145631391	P	7,268.1668	\$92,669.13	19.919%	\$82,394.54	\$0	0.000%	\$12.75
	ELEANOR BAIRD KRISTENSEN FDN MA								
☉	784767725		1,497.9194	\$18,499.30	3.976%	\$13,637.71	\$159	0.858%	\$12.35
	STI CLASSIC FD-MID CAP VAL EQ FD T SHS #412 Bond Rating: n/a								
	56012145631391	P	1,497.9194	\$18,499.30	3.976%	\$13,637.71	\$159	0.858%	\$12.35
	ELEANOR BAIRD KRISTENSEN FDN MA								
<b>TOTAL:</b>				<b>\$465,242.46</b>	<b>100%</b>	<b>\$403,355.18</b>	<b>\$6,338</b>	<b>1.362%</b>	