

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

2000

Department of the Treasury
Internal Revenue Service

Note: The organization may be able to use a copy of this return to satisfy state reporting requirements

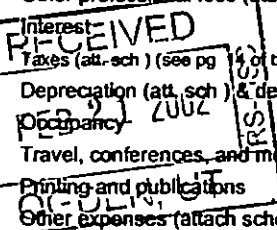
For calendar year 2000, or tax year beginning 4/01/00, and ending 3/31/01

G Check all that apply: Initial return Final return Amended return Address change Name change

Use the IRS label Otherwise, print or type See Specific Instructions	Name of organization HUGHSTON SPORTS MEDICINE FOUNDATION		A Employer identification number 58-1354127
	Number and street (or P O box number if mail is not delivered to street address) Room/suite P.O. BOX 9517		B Telephone number (see page 10 of the instructions) 706-324-6661
	City or town, state, and ZIP code COLUMBUS GA 31908		C If exemption application is pending check here <input type="checkbox"/>
	H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1 Foreign organizations, check here <input type="checkbox"/> 2. Foreign org meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 6,119,324 (Part I, column (d) must be on cash basis)		J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amt in col (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 10 of the instructions))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (att sch)	1,424,525			
2 Distributions from split-interest trusts				
3 Interest on savings and temporary cash investments	47,253	47,253	47,253	
4 Dividends and interest from securities	146,755	146,755	146,755	
5a Gross rents				
b (net rental income or (loss) _____)				
6a Net gain or (loss) from sale of assets not on line 10	-1,856			
b Gross sales price for all assets on line 6a 465,110				
7 Capital gain net inc. (from Part IV, line 2) stmt 1				
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss) (att schedule)				
11 Other income (attach schedule) stmt 2	382,454		382,454	
12 Total. Add lines 1 through 11	1,999,131	194,008	576,462	
13 Compensation of officers, directors, trustees, etc.				
14 Other employee salaries and wages	583,250			583,250
15 Pension plans, employee benefits	71,014			71,014
16a Legal fees (attach schedule)				
b Accounting fees (attach schedule) stmt 3	17,475			17,475
c Other professional fees (att. sch)				
17 Interest				
18 Taxes (att. sch) (see pg 4 of the instr) stmt 4	13,737			13,737
19 Depreciation (att. sch) & depletion	54,416			
20 Occupancy	114,351			114,351
21 Travel, conferences, and meetings				
22 Printing and publications	73,087			73,087
23 Other expenses (attach schedule) stmt 5	547,120	14,661		532,459
24 Total operating and administrative expenses Add lines 13 through 23	1,474,450	14,661		1,405,373
25 Contributions, gifts, grants paid				
26 Total expenses and disbursements Add lines 24 and 25	1,474,450	14,661	0	1,405,373
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	524,681			
b Net investment income (if negative, enter -0-)		179,347		
c Adjusted net income (if negative, enter -0-)			576,462	

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
1	Cash-non-interest-bearing			766,323	1,838,916	1,838,916
2	Savings and temporary cash investments			675,254		
3	Accounts receivable ▶					
	Less allowance for doubtful accounts ▶					
4	Pledges receivable ▶	219,995				
	Less allowance for doubtful accounts ▶			311,927	219,995	219,995
5	Grants receivable					
6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)					
7	Other notes and loans rec. (att. sch.) ▶					
	Less allowance for doubtful accounts ▶					
8	Inventories for sale or use					
9	Prepaid expenses and deferred charges				124,005	124,005
10a	Investments-U.S. and state government obligations (att. schedule)					
b	Investments-corporate stock (attach schedule)	Stmt 6		3,186,252	3,382,018	3,382,018
c	Investments-corporate bonds (attach schedule)					
11	Investments-land, buildings, & equipment basis ▶	1,080,544				
	Less accumulated depr. (att. sch.) ▶ Stmt 7	800,389		344,482	280,155	280,155
12	Investments-mortgage loans					
13	Investments-other (attach schedule)					
14	Land, buildings, and equipment, basis ▶					
	Less accumulated depr. (att. sch.) ▶					
15	Other assets (describe ▶ See Stmt 8)			274,235	274,235	274,235
16	Total assets (to be completed by all filers-see page 16 of the instructions. Also, see page 1, part II)			5,558,473	6,119,324	6,119,324
17	Accounts payable and accrued expenses			1,463	429,267	
18	Grants payable					
19	Deferred revenue					
20	Loans from officers, directors, trustees, and other disqualified persons					
21	Mortgages and other notes payable (att. sch.)					
22	Other liabilities (describe ▶)					
23	Total liabilities (add lines 17 through 22)			1,463	429,267	
Organizations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31 <input checked="" type="checkbox"/>						
24	Unrestricted			4,715,494	4,848,541	
25	Temporarily restricted			234,616	234,616	
26	Permanently restricted			606,900	606,900	
Organizations that do not follow SFAS 117, check here and complete lines 27 through 31 <input type="checkbox"/>						
27	Capital stock, trust principal, or current funds					
28	Paid-in or capital surplus, or land, bldg., and equipment fund					
29	Retained earnings, accumulated income, endowment, or other funds					
30	Total net assets or fund balances (see page 17 of the instructions)			5,557,010	5,690,057	
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)			5,558,473	6,119,324	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	5,557,010
2	Enter amount from Part I, line 27a	2	524,681
3	Other increases not included in line 2 (itemize) ▶ See Stmt 9	3	37,633
4	Add lines 1, 2, and 3	4	6,119,324
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)-Part II, column (b), line 30	6	6,119,324

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate 2-story brick warehouse or common stock, 200 shs MLC Co)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo. day yr)	(d) Date sold (mo., day yr)
1a SALE OF MARKETABLE SECURITIES		P	Various	Various
b SALE OF MARKETABLE SECURITIES		P	Various	Various
c EVERGREEN VALUE FUND				
d EVERGREEN CORE EQUITY FUND				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (loss) (e) plus (f) minus (g)
a 79,883		114,339		-34,456
b 359,611		352,627		6,984
c 7,085				7,085
d 18,531				18,531
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(l) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (l) over col. (j) If any		
a				-34,456
b				6,984
c				7,085
d				18,531
e				
2 Capital gain net income or (net capital loss)		[If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7]		2 -1,856
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)		[If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8]		3 -34,456

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the organization liable for the section 4942 tax on the distributable amount of any year in the base period?

Yes No

If "Yes," the organization does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
1999	1,217,719	5,493,392	22.166978
1998	1,463,091	4,578,240	31.957499
1997	1,211,140	4,045,622	29.937053
1996	1,079,881	3,228,569	33.447667
1995	962,523	2,701,080	35.634746
2 Total of line 1, column (d)			2 153.143943
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 30.628789
4 Enter the net value of noncharitable-use assets for 2000 from Part X, line 5			4 5,721,148
5 Multiply line 4 by line 3			5 1,752,318
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 1,793
7 Add lines 5 and 6			7 1,754,111
8 Enter qualifying distributions from Part XII, line 4			8 1,405,373

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18

Part VI Excise Tax Based on Investment Income (Sec. 4940(a), 4940(b), 4940(e), or 4948-see pg. 18 of the instr.)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling letter (attach copy of ruling letter if necessary-see instructions)		
b	Domestic organizations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	3,587
c	All other domestic organizations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2	3	3,587
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	3,587
6	Credits/Payments		
a	2000 estimated tax payments and 1999 overpayment credited to 2000	6a	
b	Exempt foreign organizations-tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	225
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	3,812
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be credited to 2001 estimated tax. Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a		X
4b		
5		X
6	X	
7	X	
8a		
8b	X	
9	X	
10		X
11	X	

N/A

12 The books are in care of **Champ L. Baker** Telephone no **706-324-6661**
 Located at **6262 Veterans Parkway, Columbus, GA** ZIP + 4 **31907**

13 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here
 and enter the amount of tax-exempt interest received or accrued during the year **13**

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies

Table with columns for question descriptions, Yes/No checkboxes, and a grid for Yes/No responses. Rows include questions about disqualifying acts, taxes on failure to distribute income, and business holdings.

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see page 20 of the instructions):

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contrib to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 10				

2 Compensation of five highest-paid employees (other than those included on line 1-see page 21 of the instructions) If 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 and deferred compensation	(e) Expense account, other allowances
None				

Total number of other employees paid over \$50,000 ▶

3 Five highest-paid independent contractors for professional services-(see page 21 of the instructions) If none, enter "NONE "

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

Total number of others receiving over \$50,000 for professional services ▶

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 22 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments See page 22 of the instructions	

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, see page 22 of the instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a Average monthly fair market value of securities	1a	3,561,482
b Average of monthly cash balances	1b	1,660,236
c Fair market value of all other assets (see page 23 of the instructions)	1c	586,554
d Total (add lines 1a, b, and c)	1d	5,808,272
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	5,808,272
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 23 of the instructions)	4	87,124
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,721,148
6 Minimum investment return Enter 5% of line 5	6	286,057

Part XI Distributable Amount (see page 23 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part)

1 Minimum investment return from Part X, line 6	1	
2a Tax on investment income for 2000 from Part VI, line 5	2a	
b Income tax for 2000 (This does not include the tax from Part VI)	2b	
c Add lines 2a and 2b	2c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	
4a Recoveries of amounts treated as qualifying distributions	4a	
b Income distributions from section 4947(a)(2) trusts	4b	
c Add lines 4a and 4b	4c	
5 Add lines 3 and 4c	5	
6 Deduction from distributable amount (see page 23 of the instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	

Part XII Qualifying Distributions (see page 24 of the instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a Expenses, contributions, gifts, etc.-total from Part I, column (d), line 26	1a	1,405,373
b Program-related investments-total of lines 1-3 of Part IX-B	1b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,405,373
5 Organizations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 24 of the instructions)	5	0
6 Adjusted qualifying distributions Subtract line 5 from line 4	6	1,405,373

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see page 24 of the instructions)

		(a) Corpus	(b) Years prior to 1999	(c) 1999	(d) 2000
1	Distributable amount for 2000 from Part XI, line 7				
2	Undistributed income, if any, as of the end of 1999				
a	Enter amount for 1999 only				
b	Total for prior years 19____, 19____, 19____				
3	Excess distributions carryover, if any, to 2000				
a	From 1995				
b	From 1996				
c	From 1997				
d	From 1998				
e	From 1999				
f	Total of lines 3a through e				
4	Qualifying distributions for 2000 from Part XII, line 4 \blacktriangleright _____				
a	Applied to 1999, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required-see page 25 of the instructions)				
c	Treated as distributions out of corpus (Election required-see page 25 of the instructions)				
d	Applied to 2000 distributable amount				
e	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2000 (If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as indicated below				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract line 4b from line 2b				
c	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable amount-see page 25 of the instructions				
e	Undistributed income for 1999 Subtract line 4a from line 2a Taxable amount-see page 25 of the instructions				
f	Undistributed income for 2000 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2001				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(E) or 4942(g)(3) (see page 23 of the instructions)				
8	Excess distributions carryover from 1995 not applied on line 5 or line 7 (see page 25 of the instructions)				
9	Excess distributions carryover to 2001. Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
a	Excess from 1996				
b	Excess from 1997				
c	Excess from 1998				
d	Excess from 1999				
e	Excess from 2000				

Part XIV Private Operating Foundations (see page 25 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2000, enter the date of the ruling ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year		Prior 3 years		(e) Total
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	286,057	274,670	228,912	202,281	991,920
b 85% of line 2a	243,148	233,470	194,575	171,939	843,132
c Qualifying distributions from Part XII, line 4 for each year listed	1,405,373	1,217,719	1,463,091	1,221,140	5,307,323
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	1,405,373	1,217,719	1,463,091	1,221,140	5,307,323
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test-enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test-Enter 2/3 of min investment return shown in Part X, line 6 for each year listed	190,705	183,113	152,608	134,854	661,280
c "Support" alternative test-enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year-see page 26 of the instructions.)

- 1 Information Regarding Foundation Managers
- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
See Stmt 11
- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
See Stmt 12
- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs
- Check here if the organization only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the organization makes gifts, grants, etc (see page 26 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d
- a The name, address, and telephone number of the person to whom applications should be addressed
N/A
- b The form in which applications should be submitted and information and materials they should include
N/A
- c Any submission deadlines
N/A
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
N/A

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year N/A				
Total			▶ 3a	
b Approved for future payment N/A				
Total			▶ 3b	

Hughston Sports Medicine Foundation, Inc.
EIN #58-1354127
Form 990-PF - Attachment
Tax Year Ended March 31, 2001

Part 1 - Line 1 - Contributions, gifts, etc.

Contributions of \$5,000 or more:

Mary Elizabeth Stallworth Foundation	\$ 45,000
Zimmer	\$ 18,750
Medtronic Sofamor Danek USA	\$ 22,000
Hughston Sports Medicine Hospital	\$ 950,000
The Hughston Clinic, P.C	\$ 13,545
Robert McAlindon, M D	\$ 10,000
Francis and Miranda Childress Foundation	\$ 10,000

Department of the Treasury
Internal Revenue Service

▶ Instructions are separate See page 4 for Paperwork Reduction Act Notice.

2000

▶ Attach to the corporation's tax return.

Name **HUGHSTON SPORTS MEDICINE FOUNDATION** Employer identification number **58-1354127**

Note In most cases, the corporation does not need to file Form 2220 (See Part I below for exceptions) The IRS will figure any penalty owed and bill the corporation If the corporation does not need to file Form 2220, it may still use it to figure the penalty Enter the amount from line 34 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220

Part I **Reasons For Filing-** Check the boxes below that apply to the corporation If any boxes are checked, the corporation must file Form 2220, even if it does not owe the penalty If the box on line 1 or line 2 applies, the corporation may be able to lower or eliminate the penalty See page 1 of the instructions

- 1 The corporation is using the annualized income installment method
- 2 The corporation is using the adjusted seasonal installment method
- 3 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax

Note. The corporation also must file Form 2220 if it has a research credit allowed for the current year See the instructions for line 4 on page 2

Part II Figuring the Underpayment

4	Total tax (see page 2 of the instructions)		4	3,587
5a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 4	5a		
b	Interest included on line 4 due under the look-back method of section 460(b)(2) for completed long-term contracts or of section 167(g) for property depreciated under the income forecast method	5b		
c	Credit for Federal tax paid on fuels (see page 2 of the instructions)	5c		
d	Total Add lines 5a through 5c	5d		
6	Subtract line 5d from line 4 If the result is less than \$500, do not complete or file this form The corporation does not owe the penalty	6		3,587
7	Enter the tax shown on the corporation's 1999 income tax return Caution See page 2 of the instructions before completing this line	7		5,848
8	Enter the smaller of line 6 or line 7 If the corporation must skip line 7, enter the amount from line 6 on line 8	8		3,587

		(a)	(b)	(c)	(d)
9	Installment due dates Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers Enter 5th month), 6th, 9th, and 12th months of the corporation's tax year ▶	8/15/00	9/15/00	12/15/00	3/15/01
10	Required Installments. If the box on line 1 and/or line 2 above is checked, enter the amounts from Schedule A, line 41 If the box on line 3 (but not 1 or 2) is checked, see page 3 of the instructions for the amounts to enter If none of these boxes are checked, enter 25% of line 8 above in each column	897	897	897	896
11	Estimated tax paid or credited for each period (see page 3 of the instructions) For column (a) only, enter the amount from line 11 on line 15 Complete lines 12 through 18 of one column before going to the next column				
12	Enter amount, if any, from line 18 of the preceding column				
13	Add lines 11 and 12				
14	Add amounts on lines 16 and 17 of the preceding column		897	1,794	2,691
15	Subtract line 14 from line 13 If zero or less, enter -0-	0	0	0	0
16	If the amount on line 15 is zero, subtract line 13 from line 14 Otherwise, enter -0-		897	1,794	
17	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10 Then go to line 12 of the next column Otherwise, go to line 18	897	897	897	896
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15 Then go to line 12 of the next column				

Complete Part III on page 2 to figure the penalty If there are no entries on line 17, no penalty is owed

Part III Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see page 3 of the instructions) (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month)				
19 See Worksheet				
20 Number of days from due date of installment on line 9 to the date shown on line 19				
20				
21 Number of days on line 20 after 4/15/2000 and before 1/1/2001				
21				
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 9%	\$	\$	\$	\$
22				
23 Number of days on line 20 after 12/31/2000 & before 4/1/2001				
23				
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 9%	\$	\$	\$	\$
24				
25 Number of days on line 20 after 3/31/2001 & before 7/1/2001				
25				
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 9%	\$	\$	\$	\$
26				
27 Number of days on line 20 after 6/30/2001 & before 10/1/2001				
27				
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 9%	\$	\$	\$	\$
28				
29 Number of days on line 20 after 9/30/2001 and before 1/1/2002				
29				
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x 9%	\$	\$	\$	\$
30				
31 Number of days on line 20 after 12/31/2001 & before 2/16/2002				
31				
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x 9%	\$	\$	\$	\$
32				
33 Add lines 22, 24, 26, 28, 30, and 32	\$	\$	\$	\$
33				
34 Penalty. Add columns (a) through (d), of line 33 Enter the total here and on Form 1120, line 33, Form 1120-A, line 29, or the comparable line for other inc. tax returns			34	\$ 225

*For underpayments paid after March 31, 2001 For lines 26, 28, 30, and 32, use the penalty interest rate for each calendar quarter that the IRS will determine during the first month in the preceding quarter These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin To obtain this information on the Internet, access the IRS Web Site at www.irs.gov You can also call 1-800-829-1040 to get interest rate information

Form 2220 Worksheet

Form **2220**

2000

For calendar year 2000, or tax year beginning 4/01/00, and ending 3/31/01

Name HUGHSTON SPORTS MEDICINE FOUNDATION Employer Identification Number 58-1354127

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>8/15/00</u>	<u>9/15/00</u>	<u>12/15/00</u>	<u>3/15/01</u>
Amount of underpayment	<u>897</u>	<u>897</u>	<u>897</u>	<u>896</u>

Prior year overpayment applied _____

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	<u>8/15/00</u>	<u>9/15/00</u>	<u>12/15/00</u>	<u>3/15/01</u>	_____
Amount of payment	_____	_____	_____	_____	_____

Qtr	From	To	Underpayment	#Days	Rate	Penalty
1	8/15/00	3/31/01	897	228	9.00	50
1	3/31/01	6/30/01	897	91	8.00	18
1	6/30/01	8/15/01	897	46	7.00	8
2	9/15/00	3/31/01	897	197	9.00	44
2	3/31/01	6/30/01	897	91	8.00	18
2	6/30/01	8/15/01	897	46	7.00	8
3	12/15/00	3/31/01	897	106	9.00	23
3	3/31/01	6/30/01	897	91	8.00	18
3	6/30/01	8/15/01	897	46	7.00	8
4	3/15/01	3/31/01	896	16	9.00	4
4	3/31/01	6/30/01	896	91	8.00	18
4	6/30/01	8/15/01	896	46	7.00	8
Total Penalty						225
						=====

General Footnote

PART VII - INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, ETC..

CHAIRMAN - JACK C. HUGHSTON, M.D.
PRESIDENT - CHARLES H. KEATON, F.A.C.H.E.
SECRETARY - FRED C. FLANDRY, M.D.
TREASURER - JOHN I. WALDROP, M.D. .

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

Desc	Date Acquired	Date Sold	Sale Price	How Rec'd	Whom Sold	Net G/L
				Cost & Expense	Deprec	
EVERGREEN VALUE FUND			\$ 7,085	\$	\$	\$ 7,085
EVERGREEN CORE EQUITY FUND			18,531			18,531
SALE OF MARKETABLE SECURITIES			Purchase	VARIOUS		
Various	Various		79,883	114,339		-34,456
SALE OF MARKETABLE SECURITIES			Purchase	VARIOUS		
Various	Various		359,611	352,627		6,984
Total			\$ 465,110	\$ 466,966	\$ 0	\$ -1,856

Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

Description	Amount
GRANT REVENUE	\$ 160,679
COURSE REVENUE	4,741
SERVICE FEES	109,268
MEETING FEES	100,973
OTHER REVENUE	6,793
Total	\$ 382,454

Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING FEES	\$ 17,475	\$	\$	\$ 17,475
Total	\$ 17,475	\$ 0	\$ 0	\$ 17,475

Statement 4 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
TAXES & LICENSES	\$ 8,856	\$	\$	\$ 8,856
OTHER - PP TAX	4,881			4,881
Total	\$ 13,737	\$ 0	\$ 0	\$ 13,737

Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Indirect Expense	\$	\$	\$	\$
Bank Charges	2,116			2,116
Supplies	4,850			4,850
Supplies - office	10,869			10,869
Postage	33,287			33,287

Federal Statements

Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses (continued)

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Supplies - forms	\$ 32,079	\$	\$	\$ 32,079
Supplies - food	17,567			17,567
Supplies - housekeeping	2,452			2,452
Supplies - maintenance	3,784			3,784
Supplies - other	67,602			67,602
Services - labor	26,485			26,485
C/P Svcs Ground - Admin	28,956			28,956
C/P Svcs - Maint - Admin	23,883			23,883
C/P Svcs - Maint	13,527			13,527
C/P Svcs - Payroll	150			150
C/P Svcs - Cons	513			513
C/P Svcs - Other	1,128			1,128
C/P Svcs - Housekeeping	25,300			25,300
L & R - Equipment	6,214			6,214
L & R - Other	1,538			1,538
Insurance - Other	30,766			30,766
Other - film	20,784			20,784
Other - Internet	1,230			1,230
Other - Uniforms	231			231
Other - marketing	43			43
Other - advertising	371			371
Other - subscriptions	12,767			12,767
Other - Binding	2,029			2,029
Other - Out Trn	4,834			4,834
Other - Fees	4,469			4,469
Other - dues	4,922			4,922
Other - auto	45,364			45,364
Other - meals	26,071			26,071
Other - CME	744			744
Other - spon	35,510			35,510
Other - other	8,561			8,561
Audio - Visual	31,463			31,463
Investment Expenses - Gen	1,656	1,656		
Investment Expenses - Gen	1,082	1,082		
Investment Expenses - Gen	11,923	11,923		
Total	\$ 547,120	\$ 14,661	\$ 0	\$ 532,459

Federal Statements

Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
Investments	\$ 3,186,252	\$ 3,382,018	Market	\$ 3,382,018
Total	\$ 3,186,252	\$ 3,382,018		\$ 3,382,018

Statement 7 - Form 990-PF, Part II, Line 11 - Land, Building, and Equipment Investments

Description	Beginning Net Book	End Cost/Basis	End Accum Deprec	Net Fair Mkt Value
Furniture & Fixtures	\$ 344,482	\$ 1,080,544	\$ 800,389	\$ 280,155
Total	\$ 344,482	\$ 1,080,544	\$ 800,389	\$ 280,155

Statement 8 - Form 990-PF, Part II, Line 15 - Other Assets

Description	Beginning of Year	End of Year	Fair Market Value
CASH SURRENDER VALUE OF LIFE INS	\$ 274,235	\$ 274,235	\$ 274,235
Total	\$ 274,235	\$ 274,235	\$ 274,235

Statement 9 - Form 990-PF, Part III, Line 3 - Other Increases

Description	Amount
NET UNREALIZED GAINS	\$ 37,633
Total	\$ 37,633

Federal Statements

Statement 10 - Form 990-PF, Part VIII, Line 1 - Officers, Directors, Foundation Managers

Name	Address		Compensation	Benefits	Expenses
Title	Average Hours				
Carol Binns	Sr. Writer	Columbus, GA	38,504		
Carolyn Capers	Supervisor	Columbus, GA	43,319.		
Steven Haywood	Dept. Head	Columbus, GA	63,628.		
Leslie Neistadt	Writer	Columbus, GA	47,875		
Ashley Holloway	Research Dir	Columbus, GA	53,820		
Wendy Domes	TV Producer	Columbus, GA	36,941		

Federal Statements

Statement 11 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

<u>Name of Manager</u>	<u>Amount</u>
None	<u> </u>
Total	<u> 0</u>

Statement 12 - Form 990-PF, Part XV, Line 1b - Managers Who Own 10% or More Stock

<u>Name of Manager</u>	<u>Amount</u>
None	<u> </u>
Total	<u> 0</u>

Form **8868**

(December 2000)

Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Form 8868

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

Note. Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization HUGHSTON SPORTS MEDICINE FOUNDATION	Employer identification number 58-1354127
	Number, street, and room or suite no. If a P O box, see instructions P.O. BOX 9517	
	City, town or post office, state, and ZIP code For a foreign address, see instructions COLUMBUS GA 31908	

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

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 11/15/01 to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year _____ or

▶ tax year beginning 4/01/00 and ending 3/31/01

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

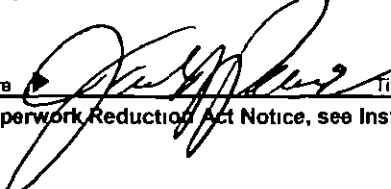
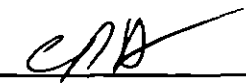
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title  Date 8/1/01

For Paperwork Reduction Act Notice, see Instruction Form **8868** (12-2000)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization HUGHSTON SPORTS MEDICINE FOUNDATION	Employer identification number 58-1354127
	Number, street, and room or suite no. If a P.O. box, see instructions P O. BOX 9517	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions COLUMBUS, GA 31908	

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

Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870
 Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box If it is for **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until FEBRUARY 15, 2002

5 For calendar year _____, or other tax year beginning APRIL 1, 2000 and ending MARCH 31, 2001

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

7 State in detail why you need the extension The taxpayer requests additional time to compile the information necessary to file a complete and accurate tax return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ 0

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ 0

c **Balance Due** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 0

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Signature] Title CPS Date 11/15/01

Notice to Applicant — To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name ROBINSON, GRIMES, & COMPANY, P.C.	EXTENSION APPROVED NOV 29 2001 LINDA WELSKOTT, FIELD DIRECTOR SUBMISSION PROCESSING, OGDEN
	Number and street (Include suite, room, or apt no.) Or a PO box number 5637 WHITESVILLE ROAD	
	City or town, province or state, and country (Including postal or ZIP code) COLUMBUS, GA 31904	