

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

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

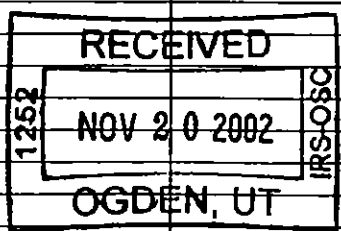
For calendar year 2001, or tax year beginning 4/01/01, and ending 3/31/02

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	B Telephone number (see page 10 of the instructions) 706-324-6661
	P.O. BOX 9517		C If exemption application is pending check here <input type="checkbox"/>
	City or town state and ZIP code COLUMBUS GA 31908		D 1 Foreign organizations check here <input type="checkbox"/> 2 Foreign org meeting the 85% test, check here and attach computation <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		E If private foundation status was terminated under section 507(b)(1)(A) check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c) line 16) \$ 5,566,171		J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify)	
		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 amount in col (b) (c) & (d) may not necessarily equal the amounts in column (a) (see pg 10 of the instr))		(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 (attach schedule) Check <input type="checkbox"/> if the foundation is not required to att Sch B	1,224,492			
2	Distributions from split-interest trusts				
3	Interest on savings and temporary cash investments	42,715	42,715	42,715	
4	Dividends and interest from securities	167,649	167,649	167,649	
5a	Gross rents				
b	(Net rental income or (loss) _____)				
6a	Net gain or (loss) from sale of assets not on line 10	298			
b	Gross sales price for all assets on line 6a <u>1,198,819</u>				
7	Capital gain net inc (from Part IV line 2) <u>Stmt 1</u>		298		
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) <u>Stmt 2</u>	213,527	65,900	213,527	
12	Total Add lines 1 through 11	1,648,681	276,562	423,891	
13	Compensation of officers directors trustees, etc				
14	Other employee salaries and wages	608,116			608,116
15	Pension plans employee benefits	133,779			133,779
16a	Legal fees (attach schedule) <u>Stmt 3</u>	214			214
b	Accounting fees (attach schedule) <u>Stmt 4</u>	7,250			7,250
c	Other professional fees (att sch)				
17	Interest	11,622			11,622
18	Taxes (att sch) (see pg 14 of the instr) <u>Stmt 5</u>	10,022			10,022
19	Depreciation (att sch) & depletion	37,834			
20	Occupancy	93,076			93,076
21	Travel, conferences and meetings				
22	Printing and publications	130,154			130,154
23	Other expenses (attach schedule) <u>Stmt 6</u>	798,481	14,593		783,888
24	Total operating and administrative expenses Add lines 13 through 23	1,830,548	14,593		1,778,121
25	Contributions gifts grants paid				
26	Total expenses and disbursements Add lines 24 and 25	1,830,548	14,593	0	1,778,121
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	-181,867			
b	Net investment income (if negative enter -0-)		261,969		
c	Adjusted net income (if negative enter -0-)			423,891	

-SCANNED DEC 03 2002



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	(a) Book Value	(b) Book Value	(c) Fair Market Value	
1	Cash-non-interest-bearing				1,838,916	1,517,317	1,517,317	
2	Savings and temporary cash investments							
3	Accounts receivable ▶							
	Less allowance for doubtful accounts ▶							
4	Pledges receivable ▶	393,160						
	Less allowance for doubtful accounts ▶				219,995	393,160	393,160	
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 & loans receivable ▶							
	Less allowance for doubtful accounts ▶							
8	Inventories for sale or use							
9	Prepaid expenses and deferred charges				124,005			
10a	Investments-U S and state government obligations (att schedule)							
b	Investments-corporate stock (attach schedule)	Stmt 7			3,382,018	3,458,059	3,458,059	
c	Investments-corporate bonds (attach schedule)							
11	Investments-land buildings, & equipment basis ▶	1,024,631						
	Less accumulated depreciation ▶ Stmt 8	826,996			280,155	197,635	197,635	
12	Investments-mortgage loans							
13	Investments-other (attach schedule)							
14	Land, buildings and equipment basis ▶							
	Less accumulated depreciation ▶							
15	Other assets (describe ▶ See Stmt 9)				274,235			
16	Total assets (to be completed by all filers-see page 16 of the instructions Also, see page 1, item I)				6,119,324	5,566,171	5,566,171	
17	Accounts payable and accrued expenses				429,267	129,908		
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)				429,267	129,908		
24	Organizations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31 ▶ <input checked="" type="checkbox"/>							
24	Unrestricted				4,848,541	4,594,747		
25	Temporarily restricted				234,616	234,616		
26	Permanently restricted				606,900	606,900		
27	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)				5,690,057	5,436,263		
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)				6,119,324	5,566,171		

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	5,690,057
2	Enter amount from Part I line 27a	2	-181,867
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1 2 and 3	4	5,508,190
5	Decreases not included in line 2 (itemize) ▶ See Stmt 10	5	71,927
6	Total net assets or fund balances at end of year (line 4 minus line 5)-Part II column (b), line 30	6	5,436,263

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 EVERGREEN CORE BOND FUND				
(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 -634,017	-	767,678		-133,661
b 537,641	-	430,843		106,798
c 3,715	-			3,715
d 9,197	-			9,197
e 14,249	-			14,249
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(l) Gains (Col. (h) gain minus col. (k) but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				-133,661
b				106,798
c				3,715
d				9,197
e				14,249
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 }		2 298
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 -133,661

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))
2000	1,405,373	5,721,148	24.564528
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
2 Total of line 1 column (d)			2 142.073725
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 28.414745
4 Enter the net value of noncharitable-use assets for 2001 from Part X line 5			4 5,213,909
5 Multiply line 4 by line 3			5 1,481,519
6 Enter 1% of net investment income (1% of Part I line 27b)			6 2,620
7 Add lines 5 and 6			7 1,484,139
8 Enter qualifying distributions from Part XII, line 4 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.			8 1,778,121

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948-see page 18 of the instructions)

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 checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	2,620
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	2,620
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	2,620
6	Credits/Payments		
a	2001 estimated tax payments and 2000 overpayment credited to 2001	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	118
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9	2,738
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 2002 estimated tax Refunded	11	

Part VII-A Statements Regarding Activities

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

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 text, Yes/No checkboxes, and Yes/No columns. Rows include questions 1a through 6b regarding disqualifying activities, disaster assistance, taxes, 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 11				

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
Jeane Schomburg Columbus, GA	Proj Manager 40	59,710	0	0
Ashley Holloway Columbus, GA	Research Dir 40	53,820	0	0
Carolyn Capers Columbus, GA	Med Illustr 40	51,901	0	0

Total number of other employees paid over \$50,000 ▶ 0

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 21 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		
All other program-related investments. See page 22 of the instructions		
3		
Total. Add lines 1 through 3		

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	3,462,828
b	Average of monthly cash balances	1b	1,454,469
c	Fair market value of all other assets (see page 22 of the instructions)	1c	376,012
d	Total (add lines 1a, b, and c)	1d	5,293,309
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	5,293,309
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 23 of the instructions)	4	79,400
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,213,909
6	Minimum investment return. Enter 5% of line 5	6	260,695

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 2001 from Part VI, line 5	2a	
b	Income tax for 2001 (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 23 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	1,778,121
b	Program-related investments. Total from 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	1,778,121
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	2,620
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,775,501

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 2000	(c) 2000	(d) 2001
1 Distributable amount for 2001 from Part XI line 7				
2 Undistributed income, if any, as of the end of 2000				
a Enter amount for 2000 only				
b Total for prior years 19____, 19____, 19____				
3 Excess distributions carryover, if any, to 2001				
a From 1996				
b From 1997				
c From 1998				
d From 1999				
e From 2000				
f Total of lines 3a through e				
4 Qualifying distributions for 2001 from Part XII, line 4 ▶\$_____				
a Applied to 2000 but not more than line 2a				
b Applied to undistributed income of prior years (Election required-see page 24 of the instructions)				
c Treated as distributions out of corpus (Election required-see page 24 of the instructions)				
d Applied to 2001 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2001 (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 2000 Subtract line 4a from line 2a Taxable amount-see page 25 of the instructions				
f Undistributed income for 2001 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2002				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(E) or 4942(g)(3) (see page 25 of the instructions)				
8 Excess distributions carryover from 1996 not applied on line 5 or line 7 (see page 25 of the instructions)				
9 Excess distributions carryover to 2002 Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 1997				
b Excess from 1998				
c Excess from 1999				
d Excess from 2000				
e Excess from 2001				

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 2001, 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) 2001	(b) 2000	(c) 1999	(d) 1998	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	260,695	286,057	274,670	228,912	1,050,334
b 85% of line 2a	221,591	243,148	233,470	194,575	892,784
c Qualifying distributions from Part XII, line 4 for each year listed	1,778,121	1,405,373	1,217,719	1,463,091	5,864,304
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	1,778,121	1,405,373	1,217,719	1,463,091	5,864,304
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	173,797	190,705	183,113	152,608	700,223
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 12
- 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 13
- 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	

Name of organization

Employer identification number

HUGHSTON SPORTS MEDICINE FOUNDATION

58-1354127

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

- 501(c) () (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the General rule or a Special rule (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions)

General Rule-

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or Form 990-EZ, that received from any one contributor, during the year some contributions for use exclusively for religious, charitable, etc purposes, but these contributions did not aggregate to more than \$1 000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable etc contributions of \$5,000 or more during the year)

▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ or 990-PF) but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF to certify that they do not meet the filing requirements of Schedule B (Form 990 990-EZ, or 990-PF)

Name of organization

HUGHSTON SPORTS MEDICINE FOUNDATION

Employer identification number

58-1354127

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	HUGHSTON SPORTS MEDICINE HOSPITAL P.O. BOX 7188 COLUMBUS, GA 31908	\$ 960,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>	HOWMEDICA OSTEONICS 59 ROUTE 17 ALLENDALE, NJ 07401-1677	\$ 87,456	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>	MARY ELIZ STALLWORTH FOUND. TRUST P.O. BOX 724 MONROEVILLE, AL 36461	\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>4</u>	ROBERT McALINDEN, M.D. 1 MEDICAL CENTER LEBANON, NH 03756	\$ 15,000	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>5</u>	EAST ALABAMA MEDICAL CENTER 2000 PEPPERELL PARKWAY OPELIKA, AL 36802-3201	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>6</u>	FRANCES & MIRANDA CHILDRESS FOUND 50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202-3661	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

HUGHSTON SPORTS MEDICINE FOUNDATION

Employer identification number

58-1354127

Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	THEODORE R. WAUGH, M.D. 1 MEDICAL CENTER LEBANON, NH 03756	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

**Form 990-PF
Underpayment of Estimated Tax by Corporations**

Department of the Treasury
Internal Revenue Service

▶ See separate instructions
▶ Attach to the corporation's tax return

2001

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 36 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.

- 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 suspended research credit allowed for the current year (see the instructions for line 4) or it is an indirectly affected taxpayer (see instructions).

Part II Figuring the Underpayment

4	Total tax (see instructions)		4	2,620
5a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 4			
5b	Look-back interest included on line 4 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method			
5c	Credit for Federal tax paid on fuels (see instructions)			
5d	Total. Add lines 5a through 5c			
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	2,620
7	Enter the tax shown on the corporation's 2000 income tax return. Caution: See instructions before completing this line.		7	3,587
8	Enter the smaller of line 6 or line 7. If the corporation must skip line 7, enter the amount from line 6.		8	2,620

		(a)	(b)	(c)	(d)
9	Installment due dates. Enter in col. (a) - (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corp. tax year. Exception: Enter October 1, 2001, instead of September 15, 2001. ▶	8/15/01	10/01/01	12/15/01	3/15/02
10	Required installments. If the box on line 1 and/or line 2 above is checked, enter the amounts from Sch. A, line 40. If the box on line 3 (but not 1 or 2) is checked, see instructions for the amt. to enter. If none of these boxes are checked, enter 25% of line 8 above in each col.	655	655	655	655
11	Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15.				
12	Enter amount, if any, from line 18 of the preceding col.				
13	Add lines 11 and 12.				
14	Add amounts on lines 16 & 17 of the preceding column.		655	1,310	1,965
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-		655	1,310	
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.	655	655	655	655
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 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 4/15/2001 and before 7/1/2001				
21				
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365} \times 8\%$	\$	\$	\$	\$
22				
23 Number of days on line 20 after 6/30/2001 & before 1/1/2002				
23				
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365} \times 7\%$	\$	\$	\$	\$
24				
25 Number of days on line 20 after 12/31/2001 & before 4/1/2002				
25				
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365} \times 6\%$	\$	\$	\$	\$
26				
27 Number of days on line 20 after 3/31/2002 & before 7/1/2002				
27				
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365} \times \%$	\$	\$	\$	\$
28				
29 Number of days on line 20 after 6/30/2002 & before 10/1/2002				
29				
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365} \times \%$	\$	\$	\$	\$
30				
31 Number of days on line 20 after 9/30/2002 & before 1/1/2003				
31				
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365} \times \%$	\$	\$	\$	\$
32				
33 Number of days on line 20 after 12/31/2002 & before 2/16/2003				
33				
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365} \times \%$	\$	\$	\$	\$
34				
35 Add lines 22, 24, 26, 28, 30, 32, and 34	\$	\$	\$	\$
35				

36 Penalty Add columns (a) through (d), of line 35 Enter the total here and on Form 1120, line 33, Form 1120-A, line 29, or the comparable in for other inc tax returns **36 \$ 118**

*For underpayments paid after March 31, 2002 For lines 28 30 32, and 34, use the penalty interest rate for each calendar quarter, which 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**

2001

For calendar year 2001, or tax year beginning 4/01/01, and ending 3/31/02

Name

Employer Identification Number

HUGHSTON SPORTS MEDICINE FOUNDATION

58-1354127

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>8/15/01</u>	<u>10/01/01</u>	<u>12/15/01</u>	<u>3/15/02</u>
Amount of underpayment	<u>655</u>	<u>655</u>	<u>655</u>	<u>655</u>

Prior year overpayment applied _____

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	<u>8/15/01</u>	<u>10/01/01</u>	<u>12/15/01</u>	<u>3/15/02</u>	_____
Amount of payment	_____	_____	_____	_____	_____

Qtr	From	To	Underpayment	#Days	Rate	Penalty
1	8/15/01	12/31/01	655	138	7.00	17
1	12/31/01	8/15/02	655	227	6.00	24
2	10/01/01	12/31/01	655	91	7.00	11
2	12/31/01	8/15/02	655	227	6.00	24
3	12/15/01	12/31/01	655	16	7.00	2
3	12/31/01	8/15/02	655	227	6.00	24
4	3/15/02	8/15/02	655	153	6.00	16

	Total Penalty					118
						=====

Federal Statements

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

Desc			How	Whom		Net
	Date	Date	Rec'd	Sold		
	Acquired	Sold		Cost &	Deprec	
				Expense		
EVERGREEN VALUE FUND						
			\$	3,715	\$	\$ 3,715
EVERGREEN CORE EQUITY FUND						
				9,197		9,197
EVERGREEN CORE BOND FUND						
				14,249		14,249
SALE OF MARKETABLE SECURITIES				Purchase	VARIOUS	
Various	Various		634,017	767,678		-133,661
SALE OF MARKETABLE SECURITIES				Purchase	VARIOUS	
Various	Various		537,641	430,843		106,798
Total			\$1,198,819	\$1,198,521	\$ 0	\$ 298

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

Description	Amount
COURSE REVENUE	\$ 1,450
PRODUCT FEES	6,836
SERVICE FEES	89,139
MEETING FEES	39,702
OTHER REVENUE	10,500
	65,900
Total	\$ 213,527

Statement 3 - Form 990-PF, Part I, Line 16a - Legal Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
LEGAL FEES	\$ 214	\$	\$	\$ 214
Total	\$ 214	\$ 0	\$ 0	\$ 214

Statement 4 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING FEES	\$ 7,250	\$	\$	\$ 7,250
Total	\$ 7,250	\$ 0	\$ 0	\$ 7,250

Federal Statements

Statement 5 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
TAXES & LICENSES	\$ 5,848	\$	\$	\$ 5,848
OTHER - PP TAX	4,174			4,174
Total	\$ 10,022	\$ 0	\$ 0	\$ 10,022

Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Expenses	\$	\$	\$	\$
Bank Charges	978			978
Supplies - office	7,035			7,035
Postage	23,341			23,341
Supplies - forms	23,763			23,763
Supplies - food	19,890			19,890
Supplies - housekeeping	2,681			2,681
Supplies - maintenance	2,306			2,306
Supplies - other	47,522			47,522
Services - labor	38,815			38,815
C/P Svs - Maint - Admin	33,146			33,146
C/P Svs - Maint	27,618			27,618
C/P Svs - Cons	3,415			3,415
C/P Svcs - Housekeeping	26,000			26,000
L & R - Equipment	4,093			4,093
L & R - Building	285,654			285,654
L&R - Other	5,646			5,646
Miscellaneous Expense - O	19,601			19,601
Insurance - Other	6,599			6,599
Other - film	15,515			15,515
Other - Internet	1,632			1,632
Other - Uniforms	5,644			5,644
Other - Binding	1,484			1,484
Other - Out Trn	7,148			7,148
Other - Fees	14,833			14,833
Other - dues	2,928			2,928
Other - auto	29,731			29,731
Other - meals	3,085			3,085
Other - CME	3,870			3,870
Other - spon	29,844			29,844
Other - other	8,287			8,287
Audio - Visual	32,902			32,902
Loss on Disposal of Fixed Ass	48,882			48,882
Investment Expenses - Gen	1,702	1,702		
Investment Expenses - Gen	1,061	1,061		
Investment Expenses - Gen	11,830	11,830		
Total	\$ 798,481	\$ 14,593	\$ 0	\$ 783,888

Federal Statements

Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>	<u>Fair Market Value</u>
Investments	\$ 3,382,018	\$ 3,458,059	Market	\$ 3,458,059
Total	\$ 3,382,018	\$ 3,458,059		\$ 3,458,059

Statement 8 - Form 990-PF, Part II, Line 11 - Land, Building, and Equipment Investments

<u>Description</u>	<u>Beginning Net Book</u>	<u>End Cost/Basis</u>	<u>End Accum Deprec</u>	<u>Net Fair Mkt Value</u>
Furniture & Fixtures	\$ 280,155	\$ 1,024,631	\$ 826,996	\$ 197,635
Total	\$ 280,155	\$ 1,024,631	\$ 826,996	\$ 197,635

Statement 9 - Form 990-PF, Part II, Line 15 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Fair Market Value</u>
CASH SURRENDER VALUE OF LIFE INS	\$ 274,235	\$	\$
Total	\$ 274,235	\$ 0	\$ 0

Statement 10 - Form 990-PF, Part III, Line 5 - Other Decreases

<u>Description</u>	<u>Amount</u>
NET UNREALIZED LOSSES	\$ 71,927
Total	\$ 71,927

Federal Statements

Statement 11 - Form 990-PF, Part VIII, Line 1 - Officers, Directors, Foundation Managers

Name	Title	Average Hours	Address		
			Compensation	Benefits	Expenses
Jack C. Hughston, M.D.	Chairman	Columbus, GA 40			
Charles H Keaton, F.A.C.	President	Columbus, GA 40			
Fred C. Flandry, M D.	Secretary	Columbus, GA 40			
John I Waldrop, M D.	Treasurer	Columbus, GA 40			
Steve Haygood	COO	Columbus, GA 40	68,538		

Federal Statements

Statement 12 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

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

Statement 13 - Form 990-PF, Part XV, Line 1b - Managers Who Own 10% or More Stock

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

Application for Extension of Time To File an Exempt Organization Return

▶ 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

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 11/15/02 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 4/01/01 and ending 3/31/02

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

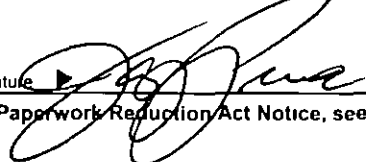

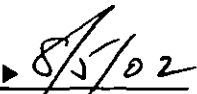
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720 or 6069 enter the tentative tax, less any nonrefundable credits See instructions \$ _____

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 \$ _____

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 

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