

Return of Private Foundation

2019

Department of the Treasury Internal Revenue Service

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Open to Public Inspection

For calendar year 2019 or tax year beginning, and ending

Name of foundation: THE HUGHSTON FOUNDATION, INC.
Employer identification number: 58-1354127
Telephone number: 706-324-6661
City or town, state or province, country, and ZIP or foreign postal code: COLUMBUS, GA 31908
G Check all that apply: Initial return, Final return, Address change, etc.
H Check type of organization: Section 501(c)(3) exempt private foundation
J Accounting method: Accrual
Fair market value of all assets at end of year: \$2,954,552

Table with 4 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12), Operating and Administrative Expenses (13-26), and Net Investment Income (27-29).

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**Part II**

**Balance Sheets**

Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year		End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
<b>Assets</b>	1	Cash - non-interest-bearing	142,439.	124,944.	124,944.
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ 1,335.			
		Less: allowance for doubtful accounts ▶	1,335.	1,335.	1,335.
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons			
	7	Other notes and loans receivable ▶			
		Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 7	1,352,087.	1,372,650.	1,372,650.
	c	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶				
12	Investments - mortgage loans				
13	Investments - other				
14	Land, buildings, and equipment: basis ▶ 2,330,161.				
	Less accumulated depreciation ▶ 874,538.	1,624,999.	1,455,623.	1,455,623.	
15	Other assets (describe ▶)				
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)	3,120,860.	2,954,552.	2,954,552.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	38,853.	62,155.	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable			
	22	Other liabilities (describe ▶)			
	23	<b>Total liabilities</b> (add lines 17 through 22)	38,853.	62,155.	
<b>Net Assets or Fund Balances</b>	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30				
	24	Net assets without donor restrictions	2,985,390.	2,729,278.	
	25	Net assets with donor restrictions	96,617.	163,119.	
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.				
	26	Capital stock, trust principal, or current funds			
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
	28	Retained earnings, accumulated income, endowment, or other funds			
	29	<b>Total net assets or fund balances</b>	3,082,007.	2,892,397.	
30	<b>Total liabilities and net assets/fund balances</b>	3,120,860.	2,954,552.		

**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 29 (must agree with end-of-year figure reported on prior year's return)	1	3,082,007.
2	Enter amount from Part I, line 27a	2	<211,702.>
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 6	3	160,236.
4	Add lines 1, 2, and 3	4	3,030,541.
5	Decreases not included in line 2 (itemize) ▶ PRIOR PERIOD FIXED ASSET ADJUSTMENT	5	138,144.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	2,892,397.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, 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			
b SEE ATTACHED STATEMENT			
c			
d			
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			
b			
c			
d			
e 553,448.		476,034.	77,414.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			77,414.

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	77,414.
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). If (loss), enter -0- in Part I, line 8		3	1,007.

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

Yes  No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see 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))
2018	925,830.	3,306,508.	.280002
2017	1,275,397.	3,360,339.	.379544
2016	1,307,730.	3,421,840.	.382172
2015	1,400,024.	3,899,963.	.358984
2014	1,370,628.	4,466,975.	.306836

2 Total of line 1, column (d)	2	1.707538
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.341508
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	3,014,198.
5 Multiply line 4 by line 3	5	1,029,373.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,026.
7 Add lines 5 and 6	7	1,030,399.
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.	8	1,178,278.

THE HUGHSTON FOUNDATION, INC.

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 NORTHERN TRUST CORP		01/24/17	05/01/19
b ISHARES BARCLAYS 1-3 YR TSY BD		VARIOUS	05/01/19
c ISHARES 7-10 YR TREASURY BD ETF		VARIOUS	05/01/19
d MORGAN STANLEY 015979 - PUBLICLY TRADED SECURITIE			12/31/19
e MORGAN STANLEY 015979 - PUBLICLY TRADED SECURITIE			12/31/19
f CAPITAL GAINS DIVIDENDS			
g			
h			
i			
j			
k			
l			
m			
n			
o			

(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 20,953.		21,001.	<48.>
b 21,888.		22,485.	<597.>
c 29,289.		26,141.	3,148.
d 55,629.		54,622.	1,007.
e 422,334.		351,785.	70,549.
f 3,355.			3,355.
g			
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			<48.>
b			<597.>
c			3,148.
d		**	1,007.
e			70,549.
f			3,355.
g			
h			
i			
j			
k			
l			
m			
n			
o			

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	77,414.
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) If (loss), enter "-0-" in Part I, line 8 }	3	1,007.

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

Table with 11 rows for excise tax calculation. Includes sub-rows 6a-6d for credits and payments. Total tax due is 294, refunded.

Part VII-A Statements Regarding Activities

Table with 10 rows of activity statements. Includes questions about political campaigns, unrelated business income, and substantial contributors. Includes handwritten 'GA' and 'N/A'.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions. 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.HUGHSTON.COM/HUGHSTON-FOUNDATION. 14 The books are in care of KAYLEIGH AUTRY Telephone no 706-494-3359 Located at 6262 VETERANS PARKWAY, COLUMBUS, GA ZIP+4 31907. 15 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. 16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country.

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.

1a During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here. c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.) 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year, did the foundation pay or incur any amount to:

(1) Carry on propoganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions  Yes  No  
 Organizations relying on a current notice regarding disaster assistance, check here  N/A

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No  
 If "Yes," attach the statement required by Regulations section 53.4945-5(d).  N/A

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No  
 If "Yes" to 6b, file Form 8870.  N/A

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No

8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  Yes  No

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

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DR. KURT JACOBSON, M.D. P.O. BOX 9517 COLUMBUS, GA 31908	VICE-PRESIDENT 1.00	0.	0.	0.
MARK BAKER P.O. BOX 9517 COLUMBUS, GA 31908	EX OFFICIO MEMBER 1.00	0.	0.	0.
CHRIS WIGGINS P.O. BOX 9517 COLUMBUS, GA 31908	TREASURER 1.00	0.	0.	0.
BELINDA KLEIN P.O. BOX 9517 COLUMBUS, GA 31908	EXECUTIVE DIRECTOR 1.00	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). 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
ROBERT ROSS P.O. BOX 9517, COLUMBUS, GA 31908	MEDICAL TELEVISION DIRECTOR 40.00	89,190.	0.	0.
BELINDA KLEIN P.O. BOX 9517, COLUMBUS, GA 31908	EXECUTIVE DIRECTOR 40.00	87,984.	0.	0.
CHOLLY MINTON P.O. BOX 9517, COLUMBUS, GA 31908	RESEARCH / LAB COORDINATOR 40.00	57,179.	0.	0.
ANDREW J. GRUBBS P.O. BOX 9517, COLUMBUS, GA 31908	ATC DIRECTOR 40.00	54,995.	0.	0.

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

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

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

Total number of others receiving over \$50,000 for professional services 0

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.

Table with 2 columns: Description, Expenses. Row 1: SEE STATEMENT 8, 69,275.

Part IX B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Table with 2 columns: Description, Amount. Row 1: N/A, 0.

**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see 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	1,384,955.
b	Average of monthly cash balances	1b	134,833.
c	Fair market value of all other assets	1c	1,540,311.
d	Total (add lines 1a, b, and c)	1d	3,060,099.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,060,099.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	45,901.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,014,198.
6	Minimum investment return. Enter 5% of line 5	6	150,710.

**Part XI** Distributable Amount (see 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 2019 from Part VI, line 5	2a	
2b	Income tax for 2019. (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	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see 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 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	1,178,278.
b	Program-related investments - total from Part IX-B	1b	0.
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	1,178,278.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	1,026.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,177,252.

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 instructions)

N/A

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2019				
<b>a</b> Enter amount for 2018 only				
<b>b</b> Total for prior years:				
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014				
<b>b</b> From 2015				
<b>c</b> From 2016				
<b>d</b> From 2017				
<b>e</b> From 2018				
<b>f</b> Total of lines 3a through e				
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ▶ \$				
<b>a</b> Applied to 2018, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)				
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)				
<b>d</b> Applied to 2019 distributable amount				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b				
<b>c</b> 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				
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions				
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see instr.				
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7				
<b>9</b> Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015				
<b>b</b> Excess from 2016				
<b>c</b> Excess from 2017				
<b>d</b> Excess from 2018				
<b>e</b> Excess from 2019				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling ▶

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

	Tax year				(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	150,710.	165,325.	168,017.	171,092.	655,144.
b 85% of line 2a	128,104.	140,526.	142,814.	145,428.	556,872.
c Qualifying distributions from Part XII, line 4, for each year listed	1,178,278.	925,830.	1,276,144.	1,310,755.	4,691,007.
d Amounts included in line 2c not used directly for active conduct of exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	1,178,278.	925,830.	1,276,144.	1,310,755.	4,691,007.
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets	1				1 X 0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed	100,473.	110,217.	112,011.	114,061.	436,762.
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)					0.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from an exempt organization					0.
(4) Gross investment income					0.

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

NONE

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.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV: Supplementary Information** (continued)

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

Recipient Name and address (home or business)	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
<b>a Paid during the year</b>				
ADELAIT LOPER 1381 LEE ROAD 219 PHENIX CITY, AL 36870	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099.
AUBRE TRUE 122 ARGON STREET CLEMSON, SC 29631	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099.
JESSICA CARTER 5580 NW HIGHWAY 41 JASPER, FL 32052	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099.
JESSICA WALZ 9235 GROSSMAN ROAD MANCHESTER, MI 48158	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099.
DABRISHA GARNER 636 ARBOR CIRCLE, APT 636 TUCKER, GA 30084	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099.
<b>Total SEE CONTINUATION SHEET(S)</b>				<b>▶ 3a 69,275.</b>
<b>b Approved for future payment</b>				
<b>NONE</b>				
<b>Total</b>				<b>▶ 3b 0.</b>

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
DAVID STOTTS 9926 SYDNEY LANE HIGHLANDS RANCH, CO 80130	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	6,298.
HUNTER MARTIN 8000 SAINT CHARLES AVENUE, APT H NEW ORLEANS, LA 70118	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,100.
JACK ELLIOTT-GOWER 185 HILLVREST AVENUE ATHENS, GA 30606	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099.
JINGYAO ZHENG 5420 TURKEY CREEK JACKSONVILLE, FL 32244	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099.
KOURTNEY CURRENT 6407 FLATROCK ROAD, APT 15 COLUMBUS, GA 31907	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099.
KATHRYN BOYLAN 41 FORD DRIVE, SE ROME, GA 30161	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	4,199.
MACKENZIE MERTZ 12518 S 218TH AVENUE GRETNA, NC 68028	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099.
ASHTIN DELUCA 1500 12TH STREET, APT 116 COLUMBUS, GA 31906	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099.
KAELE LAWLESS 12214 GARDEN LAKE CIRCLE ODESSA, FL 33556	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099.
REAGAN OLIVER 1700 FOUNTAIN CT, APT 406 COLUMBUS, GA 31904	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	6,298.
<b>Total from continuation sheets</b>				<b>58,780.</b>

**Part XV** Supplementary Information

**3** Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	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
SAMANTHA LIBBY 2550 AKERS MILL RD SE, APT F14 ATLANTA, GA 30339	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099.
SILVER HARRIS 6300 MILGEN RD, APT 1450 COLUMBUS, GA 31907	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	4,199.
KATHERINE MCCALL 41 MAPLE AVENUE WOBURN, MA 01801	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099.
TRAVIS SWAILS 6715 HUNTERS CREEK BLVD LOUISVILLE, KY 40258	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	6,298.
TRISHA MCCARTER 113 MALLARD CREEK DRIVE WASHINGTON, NC 27889	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	6,298.
WILLIAM GREEN 2444 W BRITT DAVID RD COLUMBUS, GA 31909	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	6,298.
<b>Total from continuation sheets</b>				





# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

# 2019

Name of the organization

THE HUGHSTON FOUNDATION, INC.

Employer identification number

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 boxes for both the General Rule and a Special Rule. See instructions.

## General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>THE HUGHSTON FOUNDATION, INC.</b>	Employer identification number <b>58-1354127</b>
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**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VERITAS SURGICAL SOLUTIONS 2940 KERRY FOREST PARKWAY TALLAHASSEE, FL 32309	\$ 20,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	DOUGLAS W. PAHL, M.D., P.C. 6500-1 GREEN ISLAND DRIVE COLUMBUS, GA 31904	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
3	FRANCIS & MIRANDA CHILDRESS FOUNDATION 2905 CORINTHIAN AVENUE SUITE 7 JACKSONVILLE, FL 32210	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
4	FRED C. FLANDRY, M.D., P.C. 6201 WATERFORD RD. COLUMBUS, GA 31904	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
5	JAMES MCGRORY, M.D., P.C. 8936 RIVER ROAD COLUMBUS, GA 31904	\$ 8,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
6	JOHN DORCHAK, M.D., P.C. 1765 CENTRAL CHURCH ROAD MIDLAND, GA 31820	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization <b>THE HUGHSTON FOUNDATION, INC.</b>	Employer identification number <b>58-1354127</b>
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**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>JOHN I. WALDROP, M.D., P.C.</u> <u>2100 HAMILTON MULBERRY GROVE ROAD</u> <u>CATAULA, GA 31804</u>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
8	<u>PATRICK FERNICOLA, M.D., P.C.</u> <u>2131 OLD RIVER RD</u> <u>FORTSON, GA 31808</u>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<u>JACK HUGHSTON MEMORIAL HOSPITAL</u> <u>4401 RIVER CHASE DRIVE</u> <u>PHENIX CITY, AL 36867-7483</u>	\$ <u>54,167.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<u>KURT JACOBSON, M.D., P.C.</u> <u>184 BROKEN ROCK ROAD</u> <u>HAMILTON, GA 31811</u>	\$ <u>12,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
11	<u>CHAMP L. BAKER, III M.D., P.C.</u> <u>806 OVERLOOK DRIVE</u> <u>COLUMBUS, GA 31906</u>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
12	<u>MICHAEL M. TUCKER, M.D., P.C.</u> <u>270 PINETREE ROAD</u> <u>HAMILTON, GA 31811</u>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

Employer identification number

THE HUGHSTON FOUNDATION, INC.

58-1354127

**Part I. Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	RYAN M. GERINGER, M.D. P.C. 8788 HEIFERHORN WAY COLUMBUS, GA 31904	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
14	COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC. 1340 13TH STREET COLUMBUS, GA 31901-2345	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
15	BREG, INC. 2885 LOKER AVENUE E CARLSBAD, CA 92010	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
16	BRUCE ZIRAN, M.D. 2736 PANGBORN ROAD DECATUR, GA 30033	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
17	NORMAN DONATI, M.D. 309 CHEROKEE ROAD THOMASTON, GA 30286	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
18	KEVIN J. COLLINS, M.D., P.C. 4514 ROBERT DRIVE VALDOSTA, GA 31605	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization <b>THE HUGHSTON FOUNDATION, INC.</b>	Employer identification number <b>58-1354127</b>
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**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	DAVID C. REHAK, M.D., P.C. 2201-5 OLD RIVER ROAD FORTSON, GA 31808	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
20	DAVID H. MACDONALD, C/O MACCORP, P.C. 765 LAKESHORE DRIVE SOUTH HAMILTON, GA 31811	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
21	RANDALL J. RUARK, M.D., P.C. 2313 LOWER BLUE SPRINGS ROAD HAMILTON, GA 31811	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
22	HMMG, LLC 6262 VETERANS PARKWAY COLUMBUS, GA 31909	\$ 83,302.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	HUGHSTON SURGICAL CENTER, LLC 6262 VETERANS PARKWAY COLUMBUS, GA 31909	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	HUGHSTON SURGICAL CENTER, LLC 6262 VETERANS PARKWAY COLUMBUS, GA 31909	\$ 80,016.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE HUGHSTON FOUNDATION, INC.</b>	Employer identification number <b>58-1354127</b>
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**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<b>STRYKER ORTHOPAEDICS</b>  2825 AIRVIEW BOULEVARD  KALAMAZOO, MI 49002	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)



Name of organization

Employer identification number

**THE HUGHSTON FOUNDATION, INC.**

**58-1354127**

**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES				STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
MORGAN STANLEY 015979	30,464.	676.	29,788.	29,788.	29,788.	
MORGAN STANLEY 016334	8,239.	0.	8,239.	8,239.	8,239.	
MORGAN STANLEY 588117	127.	0.	127.	127.	127.	
SYNOVUS 248647	4,089.	2,679.	1,410.	1,410.	1,410.	
TO PART I, LINE 4	42,919.	3,355.	39,564.	39,564.	39,564.	

FORM 990-PF	OTHER INCOME			STATEMENT	2
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME		
STUDY FEES	5,000.	0.	5,000.		
SERVICE FEES	103,245.	0.	103,245.		
REVENUE - FELLOWS	105,793.	0.	105,793.		
MEETING FEES	925.	0.	925.		
DEPOSITION FEES	20,075.	0.	20,075.		
DUES	38,290.	0.	38,290.		
TOTAL TO FORM 990-PF, PART I, LINE 11	273,328.	0.	273,328.		

FORM 990-PF	OTHER PROFESSIONAL FEES				STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
CONSULTING EXPENSES	9,600.	0.	0.	9,600.		
TO FORM 990-PF, PG 1, LN 16C	9,600.	0.	0.	9,600.		

FORM 990-PF	TAXES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES	29,439.	0.	0.	29,439.	
FOREIGN TAXES	389.	389.	0.	0.	
EXCISE TAX	1,884.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	31,712.	389.	0.	29,439.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
SUPPLIES	136,035.	0.	0.	136,035.	
BILLINGS / COLLECTIONS	5,457.	0.	0.	5,457.	
HOUSEKEEPING	20,593.	0.	0.	20,593.	
OTHER EXPENSES	6,332.	0.	0.	6,332.	
BANK FEES	13,984.	13,984.	0.	0.	
INSURANCE	94,536.	0.	0.	94,536.	
MAINTENANCE	20,938.	0.	0.	20,938.	
ADVERTISING	2,309.	0.	0.	2,309.	
LABOR	129,536.	0.	0.	129,536.	
LEASES & RENTALS	5,996.	0.	0.	5,996.	
MEALS	1,450.	0.	0.	1,450.	
DUES & SUBSCRIPTIONS	18,763.	0.	0.	18,763.	
PERSONAL LEAVE	10,429.	0.	0.	10,429.	
POSTAGE	8,176.	0.	0.	8,176.	
STORAGE	3,961.	0.	0.	3,961.	
CERTIFICATION	6,944.	0.	0.	6,944.	
SPONSORSHIP	8,750.	0.	0.	8,750.	
GIFTS AND AWARDS	1,224.	0.	0.	1,224.	
EMPLOYEE DEVELOPMENT	2,150.	0.	0.	2,150.	
SPECIAL EVENTS	7,016.	0.	0.	7,016.	
LOSS ON DISPOSAL OF FIXED ASSETS	26,052.	0.	0.	26,052.	
ACCOUNTING	15,635.	0.	0.	15,635.	
TO FORM 990-PF, PG 1, LN 23	546,266.	13,984.	0.	532,282.	

FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES STATEMENT 6

DESCRIPTION	AMOUNT
CURRENT YEAR CHANGE IN UNREALIZED GAINS	160,236.
TOTAL TO FORM 990-PF, PART III, LINE 3	160,236.

FORM 990-PF CORPORATE STOCK STATEMENT 7

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
INVESTMENTS - SEE ATTACHED	1,372,650.	1,372,650.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,372,650.	1,372,650.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 8

ACTIVITY ONE

THE FOUNDATION PROVIDES TUITION ASSISTANCE FOR STUDENTS TO ASSIST WITH EDUCATION AND TRAINING IN THE FIELD OF ORTHOPEDICS. A TOTAL OF 21 STUDENTS WERE PROVIDED ASSISTANCE DURING 2019.

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 1	69,275.

Hughston Foundation				
58-1354127				
Summary of Investments				
Summary of Investments reported on Form 990-PF, Page 2, Part II, Line 10b				
	(Attached)		Amount	
	Synovus Ac 0BX-248647		\$ 77,578	(1)
	Morgan Stanley Ac 588117		85,541	(2)
	Morgan Stanley Ac 016334		162,934	(3)
	Morgan Stanley Ac 015979		1,046,597	(4)
			\$ 1,372,650	