

or Section 4947(a)(1) Trust Treated as Private Foundation

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For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation THE HUGHSTON FOUNDATION INC		<b>A Employer identification number</b> 58-1354127
Number and street (or P.O. box number if mail is not delivered to street address) PO BOX 9517	Room/suite	<b>B Telephone number</b> (see instructions) (706) 324-6661
City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, GA 31908		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>
<b>H</b> 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		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$</b> 2,721,660	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>1</b>	Contributions, gifts, grants, etc., received (attach schedule)	536,440			
<b>2</b>	Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
<b>3</b>	Interest on savings and temporary cash investments				
<b>4</b>	Dividends and interest from securities	30,574	30,574	30,574	
<b>5a</b>	Gross rents				
<b>b</b>	Net rental income or (loss)				
<b>6a</b>	Net gain or (loss) from sale of assets not on line 10	13,234			
<b>b</b>	Gross sales price for all assets on line 6a	282,795			
<b>7</b>	Capital gain net income (from Part IV, line 2)		13,234		
<b>8</b>	Net short-term capital gain			0	
<b>9</b>	Income modifications				
<b>10a</b>	Gross sales less returns and allowances				
<b>b</b>	Less: Cost of goods sold				
<b>c</b>	Gross profit or (loss) (attach schedule)				
<b>11</b>	Other income (attach schedule)	207,674	0	207,674	
<b>12</b>	<b>Total.</b> Add lines 1 through 11	787,922	43,808	238,248	
<b>13</b>	Compensation of officers, directors, trustees, etc.	0	0	0	0
<b>14</b>	Other employee salaries and wages	425,215	0	0	425,215
<b>15</b>	Pension plans, employee benefits	11,078	0	0	11,078
<b>16a</b>	Legal fees (attach schedule)	200	0	0	200
<b>b</b>	Accounting fees (attach schedule)				
<b>c</b>	Other professional fees (attach schedule)	8,800	0	0	8,800
<b>17</b>	Interest				
<b>18</b>	Taxes (attach schedule) (see instructions)	39,322	259	0	38,317
<b>19</b>	Depreciation (attach schedule) and depletion	95,923	0	0	
<b>20</b>	Occupancy	103,140	0	0	103,140
<b>21</b>	Travel, conferences, and meetings	1,063	0	0	1,063
<b>22</b>	Printing and publications				
<b>23</b>	Other expenses (attach schedule)	483,472	10,696	0	472,776
<b>24</b>	<b>Total operating and administrative expenses.</b>				
	Add lines 13 through 23	1,168,213	10,955	0	1,060,589
<b>25</b>	Contributions, gifts, grants paid	60,878			60,878
<b>26</b>	<b>Total expenses and disbursements.</b> Add lines 24 and 25	1,229,091	10,955	0	1,121,467
<b>27</b>	Subtract line 26 from line 12:				
<b>a</b>	<b>Excess of revenue over expenses and disbursements</b>	-441,169			
<b>b</b>	<b>Net investment income</b> (if negative, enter -0-)		32,853		
<b>c</b>	<b>Adjusted net income</b> (if negative, enter -0-)			238,248	

**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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	124,944	99,697	99,697
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ <u>1,335</u>			
	Less: allowance for doubtful accounts ▶ _____	1,335	1,335	1,335
	<b>4</b> Pledges receivable ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule)	1,372,650	444,790	444,790
	<b>c</b> Investments—corporate bonds (attach schedule)	0	150,024	150,024
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____			
Less: accumulated depreciation (attach schedule) ▶ _____				
<b>12</b> Investments—mortgage loans . . . . .				
<b>13</b> Investments—other (attach schedule)	0	666,114	666,114	
<b>14</b> Land, buildings, and equipment: basis ▶ <u>2,330,161</u>				
Less: accumulated depreciation (attach schedule) ▶ <u>970,461</u>	1,455,623	1,359,700	1,359,700	
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	2,954,552	2,721,660	2,721,660	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	62,155	227,654	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue. . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule)			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22).	62,155	227,654	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions	2,729,278	2,314,085	
	<b>25</b> Net assets with donor restrictions	163,119	179,921	
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds			
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds			
<b>29 Total net assets or fund balances</b> (see instructions)	2,892,397	2,494,006		
<b>30 Total liabilities and net assets/fund balances</b> (see instructions)	2,954,552	2,721,660		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> 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)	<b>1</b>	2,892,397
<b>2</b> Enter amount from Part I, line 27a	<b>2</b>	-441,169
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	42,778
<b>4</b> Add lines 1, 2, and 3	<b>4</b>	2,494,006
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29.	<b>6</b>	2,494,006

**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.)
<b>1 a</b> CITIGROUP INC		2017-02-21	2020-08-10
<b>b</b> MORGAN STANLEY 015979 - PUBLICLY TRADED SECURITIES			2020-12-31
<b>c</b> MORGAN STANLEY 015979 - PUBLICLY TRADED SECURITIES			2020-12-31
<b>d</b> CAPITAL GAINS DIVIDENDS	P		
<b>e</b>			

(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)
<b>a</b> 15,000		15,000	0
<b>b</b> 60,375		62,802	-2,427
<b>c</b> 205,652		191,759	13,893
<b>d</b> 1,768			1,768
<b>e</b>			

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) 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	
<b>a</b>			0
<b>b</b>			-2,427
<b>c</b>			13,893
<b>d</b>			1,768
<b>e</b>			

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	}	<b>2</b>	13,234
<b>3</b> 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 instructions). If (loss), enter -0- in Part I, line 8				<b>3</b>	-2,427

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

**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

<b>1</b> Reserved	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
<b>2</b> Reserved				<b>2</b>
<b>3</b> Reserved.				<b>3</b>
<b>4</b> Reserved				<b>4</b>
<b>5</b> Reserved				<b>5</b>
<b>6</b> Reserved				<b>6</b>
<b>7</b> Reserved				<b>7</b>
<b>8</b> Reserved				<b>8</b>

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

Table with 11 main rows and sub-rows (a-e) for credits. Includes fields for exempt foundations, reserved, tax under section 511, subtitle A tax, tax based on investment income, and various credits. Total tax due is 583.

Part VII-A Statements Regarding Activities

Table with 10 main rows (1a-10) regarding activities. Includes questions about influencing legislation, political purposes, Form 1120-POL, political expenditures, reimbursement, IRS reporting, and state reporting. Includes Yes/No columns.

**Part VII-A Statements Regarding Activities (continued)**

<b>11</b> 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. . . . .			<b>No</b>
<b>12</b> 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 . . . . .			<b>No</b>
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.HUGHSTON.COM/HUGHSTON-FOUNDATION</u>		<b>Yes</b>	
<b>14</b> The books are in care of ► <u>PATTY LANGSTON</u> Telephone no. ► <u>(706) 494-3359</u> Located at ► <u>6262 VETERANS PARKWAY COLUMBUS GA 31907</u> ZIP+4 ► _____			
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b> _____			
<b>16</b> At any time during calendar year 2020, 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? . . . . .		<b>Yes</b>	<b>No</b>
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign _____			<b>No</b>

**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.**

			Yes	No
<b>1a</b> During the year did the foundation (either directly or indirectly):				
<b>(1)</b> Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>(2)</b> Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>(3)</b> Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>(4)</b> Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>(5)</b> Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>(6)</b> Agree to pay money or property to a government official? ( <b>Exception.</b> 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.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>b</b> If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 . . . . . <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. . . . . <input type="checkbox"/>	<b>1b</b>			
<b>c</b> 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 2020? . . . . . <input type="checkbox"/>	<b>1c</b>			<b>No</b>
<b>2</b> 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)):				
<b>a</b> At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____				
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . . <input type="checkbox"/>	<b>2b</b>			
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____				
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>b</b> If "Yes," did it have excess business holdings in 2020 as a result of <b>(1)</b> any purchase by the foundation or disqualified persons after May 26, 1969; <b>(2)</b> 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 <b>(3)</b> the lapse of the 10-, 15-, or 20-year first phase holding period?(Use <i>Schedule C, Form 4720</i> , to determine if the foundation had excess business holdings in 2020.) . . . . . <input type="checkbox"/>				
<b>3b</b>				
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>			<b>No</b>
<b>b</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 2020?	<b>4b</b>			<b>No</b>

**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 propaganda, 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. ▶
- 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).
- 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.
- 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 during the year?  Yes  No

	Yes	No
<b>5b</b>		
<b>6b</b>		No
<b>7b</b>		

**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 instructions**

(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
MARK BAKER PO BOX 9517 COLUMBUS, GA 31908	PRESIDENT / CHAIRMAN 1.00	0	0	0
DR KURT JACOBSON MD PO BOX 9517 COLUMBUS, GA 31908	VICE-PRESIDENT 1.00	0	0	0
CHRIS WIGGINS PO BOX 9517 COLUMBUS, GA 31908	TREASURER 1.00	0	0	0
BELINDA KLEIN PO 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—see 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
ROBERT ROSS PO BOX 9517 COLUMBUS, GA 31908	MEDICAL TELEVISION D 40.00	91,763	0	0
BELINDA KLEIN PO BOX 9517 COLUMBUS, GA 31908	EXECUTIVE DIRECTOR 40.00	90,522	0	0
CHOLLY MINTON PO BOX 9517 COLUMBUS, GA 31908	RESEARCH / LAB COORD 40.00	57,179	0	0
ANDREW J GRUBBS PO BOX 9517 COLUMBUS, GA 31908	ATC DIRECTOR 40.00	56,982	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 (see 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. . . . . **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.	Expenses
<b>1</b> THE FOUNDATION PROVIDES TUITION ASSISTANCE FOR STUDENTS TO ASSIST WITH EDUCATION AND TRAINING IN THE FIELD OF ORTHOPEDICS. A TOTAL OF 20 STUDENTS WERE PROVIDED ASSISTANCE DURING 2020.	60,878
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b> N/A	0
<b>2</b>	
<b>3</b> All other program-related investments. See instructions.	

**Total.** Add lines 1 through 3 . . . . . **0**

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	1,192,771
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	133,727
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	1,407,662
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	2,734,160
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	2,734,160
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	41,012
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	2,693,148
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	134,657

**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.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5. . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	1,121,467
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	1,121,467
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	1,121,467

**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)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only. . . . .				
<b>b</b> Total for prior years: 20___, 20___, 20___				
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015. . . . .				
<b>b</b> From 2016. . . . .				
<b>c</b> From 2017. . . . .				
<b>d</b> From 2018. . . . .				
<b>e</b> From 2019. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ _____				
<b>a</b> Applied to 2019, 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 2020 distributable amount . . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2021. 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 2015 not applied on line 5 or line 7 (see instructions) . . . . .				
<b>9</b> <b>Excess distributions carryover to 2021.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016 . . . . .				
<b>b</b> Excess from 2017 . . . . .				
<b>c</b> Excess from 2018. . . . .				
<b>d</b> Excess from 2019 . . . . .				
<b>e</b> Excess from 2020 . . . . .				

**Part XIV Private Operating Foundations** (see 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 2020, 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				<b>(e) Total</b>
	<b>(a) 2020</b>	<b>(b) 2019</b>	<b>(c) 2018</b>	<b>(d) 2017</b>	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	134,657	150,710	165,325	168,017	618,709
<b>b</b> 85% of line 2a . . . . .	114,458	128,104	140,526	142,814	525,903
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	1,121,467	1,178,278	925,830	1,276,144	4,501,719
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	0	0	0	0	0
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	1,121,467	1,178,278	925,830	1,276,144	4,501,719
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					0
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					0
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .	89,771	100,473	110,217	112,011	412,472
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					0
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					0
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					0
<b>(4)</b> 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).)

**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.

**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. See instructions

**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>				
ASHTIN DELUCA 8160 VETERANS PARKWAY APT 1218 COLUMBUS,GA 31909	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	6,298
DAVID STOTTS 9926 SYDNEY LANE HIGHLANDS RANCH,CO 80130	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099
JESSICA CARTER 42 BLUEBIRD LANE PHENIX CITY,AL 36870	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	6,298
JESSICA WALZ PO BOX 575 KREMMLING,CO 80459	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099
KAELE LAWLESS 2510 CHEROKEE AVENUE APT 6B COLUMBUS,GA 31906	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	6,298
KATHERINE MCCALL 38 SURREY STREET BRIGHTON,MA 02135	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	6,298
KATHRYN BOYLAN 1629 CARTER AVENUE COLUMBUS,GA 31906	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099
KOURTNEY CURRENT 421 E CROSS MAIN STREET NEW CASTLE,KY 40050	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	4,198
REAGAN OLIVER 2929 RUSS STREET MARIANNA,FL 32446	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,100
SILVER HARRIS 4625 NW 99TH AVENUE DORAL,FL 33178	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,100
TRAVIS SWAILS 725 CANDLER LANE APT 1216 CHARLOTTE,NC 28217	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,100
TRISHA MCCARTER 6239 LYNRIDGE AVENUE APT 7 COLUMBUS,GA 31909	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099
WILLIAM GREEN 700 N SPENCE AVENUE APT E4 GOLDSBORO,NC 27534	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099
OCEAN ADAMS 4411 THIRD AVENUE COLUMBUS,GA 31904	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099
TIFFANY WHITT 4712 MILGEN ROAD APT 620 COLUMBUS,GA 31907	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099
LARENA KINSER 6363 FLAT ROCK ROAD APT 205 COLUMBUS,GA 31907	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099
ANYI SANTANA 3221 FESCUE CIRCLE LAWRENCEVILLE,GA 30044	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099
ETHAN STONE 19707 US HWY 280 EAST APT 223 SMITHS STATION,AL 36877	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099
DYLAN PAVKA 6046 HELMOCK STREET INDIAN RIVER,MI 49749	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099
RACHEL LEWIS 326 TOM SAWYER DRIVE BLAKELY,GA 39823	NO RELATIONSHIP	N/A	TUITION ASSISTANCE FOR ATHLETIC TRAINER EDUCATION	2,099
<b>Total</b>			<b>3a</b>	<b>60,878</b>
<b>b Approved for future payment</b>				
<b>Total</b>			<b>3b</b>	<b>0</b>





## **Additional Data**

[Return to Form](#)

**Software ID:**

**Software Version:**

**Form 990PF - Special Condition Description:**

**Special Condition Description**

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2020**

Name of the organization THE HUGHSTON FOUNDATION INC	<b>Employer identification number</b> 58-1354127
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**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 other 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<sup>1</sup>/<sub>3</sub>% 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 990PF, 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: THE HUGHSTON FOUNDATION INC Employer identification number: 58-1354127

<b>Part I</b>			
<b>Contributors</b> (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	\$ 7,500	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
2	DOUGLAS W PAHL MD PC 690 OLD BRAUNERS FERRY ROAD HAMILTON, GA 31811	\$ 12,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
3	FRED C FLANDRY MD PC 6201 WATERFORD RD COLUMBUS, GA 31904	\$ 12,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
4	JAMES MCGRORY MD PC 8936 RIVER ROAD COLUMBUS, GA 31904	\$ 8,400	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
5	JOHN DORCHAK MD PC 1765 CENTRAL CHURCH ROAD MIDLAND, GA 31820	\$ 12,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
6	JOHN I WALDROP MD PC 2100 HAMILTON MULBERRY GROVE ROAD CATAULA, GA 31804	\$ 12,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization: THE HUGHSTON FOUNDATION INC Employer identification number: 58-1354127

<b>Part I</b>			
<b>Contributors</b> (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	PATRICK FERNICOLA MD PC 2131 OLD RIVER RD FORTSON, GA 31808	\$ 15,300	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
8	JACK HUGHSTON MEMORIAL HOSPITAL 4401 RIVER CHASE DRIVE PHENIX CITY, AL 368677483	\$ 61,667	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
9	KURT JACOBSON MD PC 184 BROKEN ROCK ROAD HAMILTON, GA 31811	\$ 12,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
10	CHAMP L BAKER III MD PC 806 OVERLOOK DRIVE COLUMBUS, GA 31906	\$ 12,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
11	MICHAEL M TUCKER MD PC 270 PINETREE ROAD HAMILTON, GA 31811	\$ 12,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
12	RYAN M GERINGER MD PC 8788 HEIFERHORN WAY COLUMBUS, GA 31904	\$ 6,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization: THE HUGHSTON FOUNDATION INC Employer identification number: 58-1354127

<b>Part I</b>			
<b>Contributors</b> (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	COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY INC 1340 13TH STREET COLUMBUS, GA 319012345	\$ 33,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
14	NORMAN DONATI MD 309 CHEROKEE ROAD THOMASTON, GA 30286	\$ 6,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
15	KEVIN J COLLINS MD PC 4514 ROBERT DRIVE VALDOSTA, GA 31605	\$ 6,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
16	DAVID C REHAK MD 2201-5 OLD RIVER ROAD FORTSON, GA 31808	\$ 11,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
17	DAVID H MACDONALD CO MACCORP PC 765 LAKESHORE DRIVE SOUTH HAMILTON, GA 31811	\$ 12,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
18	RANDALL J RUARK MD PC 2313 LOWER BLUE SPRINGS ROAD HAMILTON, GA 31811	\$ 6,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization: THE HUGHSTON FOUNDATION INC Employer identification number: 58-1354127

<b>Part I</b>			
<b>Contributors</b> (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	CENTER FOR ORTHOPAEDIC TRAUMA ADVANCEMENT 9400 W HIGGINS ROAD SUITE 305 ROSEMONT, IL 600184975	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
20	AO CHARITABLE FOUNDATION 1700 RUSSELL ROAD PAOLI, PA 19039	\$ 15,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
21	OMEGA MEDICAL GRANTS ASSOCIATION 6300 N RIVER ROAD STE 505 ROSEMONT, IL 600184975	\$ 17,500	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
22	BROOK G BEARDEN MD PC 4450 JOHNSTON ROAD VALDOSTA, GA 31606	\$ 6,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
23	JOHN CP FLOYD MD 2438 CRAIGSTON DRIVE COLUMBUS, GA 31906	\$ 6,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
24	AFLAC 1932 WYNNTON ROAD COLUMBUS, GA 31999	\$ 7,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization: THE HUGHSTON FOUNDATION INC Employer identification number: 58-1354127

<b>Part I</b>			
<b>Contributors</b> (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	SYNERGY BIOMEDICAL LLC 565 E SWEDESFORD ROAD SUITE 310 WAYNE, PA 19087	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>

Name of organization  
 THE HUGHSTON FOUNDATION INC

**Employer identification number**  
 58-1354127

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization THE HUGHSTON FOUNDATION INC	Employer identification number 58-1354127
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**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 information once. See instructions.) ► \$ \_\_\_\_\_

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	
_____		_____	
_____		_____	

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

Name: THE HUGHSTON FOUNDATION INC

EIN: 58-1354127

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
LEASEHOLD IMP - FREEMAN & ASSOCIATES (COMBO OF 5 DIFF AMOUNTS)	2003-11-04	565,898	228,717	SL	40.000000000000	14,147	0	0	
LEASEHOLD IMP - FREEMAN & ASSOCIATES (COMBO OF 7 DIFF AMOUNTS)	2004-03-31	472,593	186,083	SL	40.000000000000	11,815	0	0	
LEASEHOLD IMP - FREEMAN & ASSOCIATES	2004-09-08	13,091	5,018	SL	40.000000000000	327	0	0	
LEASEHOLD IMP - FREEMAN & ASSOCIATES	2004-04-13	96,102	37,840	SL	40.000000000000	2,403	0	0	
LEASEHOLD IMP - ANDRAS ARCHITECTS	2004-05-26	5,688	2,216	SL	40.000000000000	142	0	0	
LEASEHOLD IMP - FREEMAN & ASSOCIATES	2004-07-22	22,104	8,519	SL	40.000000000000	553	0	0	
LEASEHOLD IMP - AUDIO/VISUAL INNOVATIONS	2004-08-09	101,629	39,169	SL	40.000000000000	2,541	0	0	
LEASEHOLD IMP - MUSEUM - FREEMAN & ASSOCIATES	2004-09-23	69,150	26,364	SL	40.000000000000	1,729	0	0	
LEASEHOLD IMP - MUSEUM - FREEMAN & ASSOCIATES	2004-11-04	12,693	4,813	SL	40.000000000000	317	0	0	
LEASEHOLD IMP - MUSEUM - FREEMAN & ASSOCIATES	2005-02-07	4,445	1,658	SL	40.000000000000	111	0	0	
LEASEHOLD IMP - HUGHSTON GARDENS (INC 2005 CIP & 2006 ADDITIONS)	2006-01-01	201,053	70,369	SL	40.000000000000	5,026	0	0	
LEASEHOLD IMP - WET LAB (INC 2005 CIP & 2006 ADDITIONS)	2006-01-01	475,463	166,412	SL	40.000000000000	11,887	0	0	
LEASEHOLD IMP - MISCELLANEOUS	2006-06-30	6,512	2,198	SL	40.000000000000	163	0	0	
LEASEHOLD IMP - HUGHSTON GARDENS (FREEMAN)	2007-02-21	23,126	7,420	SL	40.000000000000	578	0	0	
LEASEHOLD IMP - HUGHSTON GARDENS MISC (COMBO OF 6 AMOUNTS)	2007-05-02	23,832	7,547	SL	40.000000000000	596	0	0	
LEASEHOLD IMP - LTR GLASS - DOOR LOGO	2009-07-07	1,363	358	SL	40.000000000000	34	0	0	
AUSBON FIRE PROTECTION - FIRE SPRINKLER SYSTEM REPAIR	2010-12-14	5,400	1,226	SL	40.000000000000	135	0	0	
PC MALL - 6 COMPUTERS FOR LIBRARY	2013-03-28	3,320	3,320	SL	5.000000000000	0	0	0	
PC MALL - CINTIQ COMPUTER & TABLET	2013-08-21	5,182	5,182	SL	5.000000000000	0	0	0	
AUDIO VISUAL EQUIP - SCREEN REPLACEMENT	2013-06-07	1,872	1,872	SL	5.000000000000	0	0	0	
B&H PHOTO & VIDEO - DR FLANDRY - TELMAX 17" TELEPROMTER BUNDLE	2013-07-10	2,551	2,551	SL	5.000000000000	0	0	0	
DRILLS & SAWS EQUIPMENT - DONATED FROM HUGHSTON SURGICAL (VALUED BY AR)	2017-09-30	137,078	61,685	SL	5.000000000000	27,416	0	0	
VIDEO & LIGHTING EQUIP - DONATED FROM HUGHSTON SURGICAL (VALUED BY AR)	2019-09-30	80,016	4,001	SL	5.000000000000	16,003	0	0	

# TY 2020 IRS 990 e-File Render

**Name:** THE HUGHSTON FOUNDATION INC

**EIN:** 58-1354127

Name of Bond	End of Year Book Value	End of Year Fair Market Value
MORGAN STANLEY - CORPORATE BONDS	150,024	150,024

# TY 2020 IRS 990 e-File Render

**Name:** THE HUGHSTON FOUNDATION INC

**EIN:** 58-1354127

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MORGAN STANLEY - STOCKS	444,254	444,254
MORGAN STANLEY 588117 - STOCKS	536	536

**TY 2020 IRS 990 e-File Render****Name:** THE HUGHSTON FOUNDATION INC**EIN:** 58-1354127

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MORGAN STANLEY - EXCHANGE-TRADED & CLOSED-END FUNDS	FMV	324,991	324,991
MORGAN STANLEY - MUTUAL FUNDS	FMV	117,628	117,628
MORGAN STANLEY - MONEY MARKET FUND	FMV	44,110	44,110
MORGAN STANLEY 588117 - MONEY MARKET FUNDS	FMV	64,874	64,874
MORGAN STANLEY 588117 - MONEY MARKET FUNDS	FMV	34,917	34,917
SYNOVUS SECURITIES - SWEEP	FMV	4,441	4,441
SYNOVUS SECURITIES - MUTUAL FUNDS	FMV	75,153	75,153

**Name:** THE HUGHSTON FOUNDATION INC

**EIN:** 58-1354127

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LEASEHOLD IMP - FREEMAN & ASSOCIATES (COMBO OF 5 DIFF AMOUNTS)	565,898	242,864	323,034	
LEASEHOLD IMP - FREEMAN & ASSOCIATES (COMBO OF 7 DIFF AMOUNTS)	472,593	197,898	274,695	
LEASEHOLD IMP - FREEMAN & ASSOCIATES	13,091	5,345	7,746	
LEASEHOLD IMP - FREEMAN & ASSOCIATES	96,102	40,243	55,859	
LEASEHOLD IMP - ANDRAS ARCHITECTS	5,688	2,358	3,330	
LEASEHOLD IMP - FREEMAN & ASSOCIATES	22,104	9,072	13,032	
LEASEHOLD IMP - AUDIO/VISUAL INNOVATIONS	101,629	41,710	59,919	
LEASEHOLD IMP - MUSEUM - FREEMAN & ASSOCIATES	69,150	28,093	41,057	
LEASEHOLD IMP - MUSEUM - FREEMAN & ASSOCIATES	12,693	5,130	7,563	
LEASEHOLD IMP - MUSEUM - FREEMAN & ASSOCIATES	4,445	1,769	2,676	
LEASEHOLD IMP - HUGHSTON GARDENS (INC 2005 CIP & 2006 ADDITIONS)	201,053	75,395	125,658	
LEASEHOLD IMP - WET LAB (INC 2005 CIP & 2006 ADDITIONS)	475,463	178,299	297,164	
LEASEHOLD IMP - MISCELLANEOUS	6,512	2,361	4,151	
LEASEHOLD IMP - HUGHSTON GARDENS (FREEMAN)	23,126	7,998	15,128	
LEASEHOLD IMP - HUGHSTON GARDENS MISC (COMBO OF 6 AMOUNTS)	23,832	8,143	15,689	
LEASEHOLD IMP - LTR GLASS - DOOR LOGO	1,363	392	971	
AUSBON FIRE PROTECTION - FIRE SPRINKLER SYSTEM REPAIR	5,400	1,361	4,039	
PC MALL - 6 COMPUTERS FOR LIBRARY	3,320	3,320	0	
PC MALL - CINTIQ COMPUTER & TABLET	5,182	5,182	0	
AUDIO VISUAL EQUIP - SCREEN REPLACEMENT	1,872	1,872	0	
B&H PHOTO & VIDEO - DR FLANDRY - TELMAX 17" TELEPROMTER BUNDLE	2,551	2,551	0	
DRILLS & SAWS EQUIPMENT - DONATED FROM HUGHSTON SURGICAL (VALUED BY AR)	137,078	89,101	47,977	
VIDEO & LIGHTING EQUIP - DONATED FROM HUGHSTON SURGICAL (VALUED BY AR)	80,016	20,004	60,012	

# TY 2020 IRS 990 e-File Render

**Name:** THE HUGHSTON FOUNDATION INC

**EIN:** 58-1354127

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL EXPENSE	200	0	0	200

**TY 2020 IRS 990 e-File Render****Name:** THE HUGHSTON FOUNDATION INC**EIN:** 58-1354127

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SUPPLIES	42,805	0	0	42,805
BILLINGS / COLLECTIONS	4,990	0	0	4,990
HOUSEKEEPING	23,060	0	0	23,060
OTHER EXPENSES	6,068	0	0	6,068
BANK FEES	10,696	10,696	0	0
INSURANCE	212,468	0	0	212,468
MAINTENANCE	21,229	0	0	21,229
ADVERTISING	1,799	0	0	1,799
LABOR	88,752	0	0	88,752
LEASES & RENTALS	5,015	0	0	5,015
MEALS	416	0	0	416
DUES & SUBSCRIPTIONS	19,524	0	0	19,524
PERSONAL LEAVE	8,067	0	0	8,067
POSTAGE	3,316	0	0	3,316
STORAGE	3,772	0	0	3,772
CERTIFICATION	6,826	0	0	6,826
SPONSORSHIP	9,815	0	0	9,815
GIFTS AND AWARDS	264	0	0	264
EMPLOYEE DEVELOPMENT	150	0	0	150
SPECIAL EVENTS	4,335	0	0	4,335
ACCOUNTING	10,105	0	0	10,105

## TY 2020 IRS 990 e-File Render

**Name:** THE HUGHSTON FOUNDATION INC

**EIN:** 58-1354127

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
STUDY FEES	8,190		8,190
SERVICE FEES	73,866		73,866
REVENUE - FELLOWS	89,434		89,434
MEETING FEES	3,000		3,000
DEPOSITION FEES	9,525		9,525
DUES	23,659		23,659

# TY 2020 IRS 990 e-File Render

**Name:** THE HUGHSTON FOUNDATION INC

**EIN:** 58-1354127

Description	Amount
CURRENT YEAR CHANGE IN UNREALIZED GAINS	42,778

# TY 2020 IRS 990 e-File Render

**Name:** THE HUGHSTON FOUNDATION INC

**EIN:** 58-1354127

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING EXPENSES	8,800	0	0	8,800

**TY 2020 IRS 990 e-File Render****Name:** THE HUGHSTON FOUNDATION INC**EIN:** 58-1354127

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	38,317	0	0	38,317
FOREIGN TAXES	259	259	0	0
EXCISE TAX	746	0	0	0