

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

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For calendar year 2024, or tax year beginning 01-01-2024, and ending 12-31-2024

Name of foundation THE HUGHSTON FOUNDATION INC
A Employer identification number 58-1354127
Number and street (or P.O. box number if mail is not delivered to street address) PO BOX 9517
Room/suite
B Telephone number (see instructions) (706) 324-6661
City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, GA 31908
C If exemption application is pending, check here
G Check all that apply: Initial return, Initial return of a former public charity, Final return, Amended return, Address change, Name change
D 1. Foreign organizations, check here, 2. Foreign organizations meeting the 85% test, check here and attach computation ...
H Check type of organization: Section 501(c)(3) exempt private foundation, Section 4947(a)(1) nonexempt charitable trust, Other taxable private foundation
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 5,008,105
J Accounting method: Cash, Accrual, Other (specify)
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes (cash basis only). Rows include Part I Analysis of Revenue and Expenses (lines 1-12) and Operating and Administrative Expenses (lines 13-26), followed by summary rows 27-29.

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
Assets	1 Cash—non-interest-bearing	171,478	197	197
	2 Savings and temporary cash investments		218,000	218,000
	3 Accounts receivable ▶ <u>1,335</u>			
	Less: allowance for doubtful accounts ▶ _____	64,715	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 (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ <u>523</u>			
	Less: allowance for doubtful accounts ▶ _____ <u>0</u>	877	523	523
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	46,955	43,870	43,870
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	392,886	217,916	217,916
	c Investments—corporate bonds (attach schedule)	177,329	176,433	176,433
	11 Investments—land, buildings, and equipment: basis ▶ _____			
Less: accumulated depreciation (attach schedule) ▶ _____				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)	896,202	693,494	693,494	
14 Land, buildings, and equipment: basis ▶ <u>5,089,004</u>				
Less: accumulated depreciation (attach schedule) ▶ <u>1,432,667</u>	1,117,785	3,656,337	3,656,337	
15 Other assets (describe ▶ _____)	654,484	0	0	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	3,522,711	5,008,105	5,008,105	
Liabilities	17 Accounts payable and accrued expenses	1,019,112	1,024,941	
	18 Grants payable			
	19 Deferred revenue.			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)		1,976,000	
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	1,019,112	3,000,941	
Net Assets or Fund Balances	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	2,308,306	1,824,302	
	25 Net assets with donor restrictions	195,293	182,862	
	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 Total net assets or fund balances (see instructions)	2,503,599	2,007,164		
30 Total liabilities and net assets/fund balances (see instructions)	3,522,711	5,008,105		

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	2,503,599
2 Enter amount from Part I, line 27a	2	-438,270
3 Other increases not included in line 2 (itemize) ▶ _____	3	23,968
4 Add lines 1, 2, and 3	4	2,089,297
5 Decreases not included in line 2 (itemize) ▶ _____	5	82,133
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29.	6	2,007,164

Part IV Capital Gains and Losses for Tax on Investment Income

Table with 4 columns: (a) List and describe the kind(s) of property sold, (b) How acquired, (c) Date acquired, (d) Date sold. Rows include MORGAN STANLEY securities and CAPITAL GAINS DIVIDENDS.

Table with 4 columns: (e) Gross sales price, (f) Depreciation allowed, (g) Cost or other basis plus expense of sale, (h) Gain or (loss). Rows a-e show sales prices and gains/losses.

Table with 4 columns: (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), (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h)).

Summary rows for capital gain net income (line 2) and net short-term capital gain or (loss) (line 3).

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

Table for excise tax calculation with rows 1a-11. Includes exemptions, tax under section 511, tax based on investment income, credits/payments, and total tax due/overpayment.

Part VI-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

Table with columns Yes, No and row 1a

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition.

Table with columns Yes, No and row 1b

If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.

c Did the foundation file Form 1120-POL for this year?.

Table with columns Yes, No and row 1c

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. (2) On foundation managers.

Table with columns Yes, No and row 1c

e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers.

Table with columns Yes, No and row 1c

2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.

Table with columns Yes, No and row 2

3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.

Table with columns Yes, No and row 2

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

Table with columns Yes, No and row 3

b If "Yes," has it filed a tax return on Form 990-T for this year?.

Table with columns Yes, No and row 4a

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.

Table with columns Yes, No and row 4b

6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

Table with columns Yes, No and row 5

7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV.

Table with columns Yes, No and row 6

8a Enter the states to which the foundation reports or with which it is registered (see instructions) GA

Table with columns Yes, No and row 7

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation.

Table with columns Yes, No and row 8a

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2024 or the taxable year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII

Table with columns Yes, No and row 8b

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.

Table with columns Yes, No and row 9

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.

Table with columns Yes, No and row 10

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

Table with columns Yes, No and row 11

13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.HUGHSTON.COM/HUGHSTON-FOUNDATION

Table with columns Yes, No and row 12

14 The books are in care of KIM BOATNER Telephone no. (706) 494-3359 Located at 6262 VETERANS PARKWAY COLUMBUS GA 31907 ZIP+4

Table with columns Yes, No and row 13

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.

Table with columns Yes, No and row 14

16 At any time during calendar year 2024, 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

Table with columns Yes, No and row 15

Table with columns Yes, No and row 16

Part VI-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
- c** Organizations relying on a current notice regarding disaster assistance check here.
- d** 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 2024?
- 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 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2024?
If "Yes," list the years ► 20___, 20___, 20___, 20___
 - 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.
► 20___, 20___, 20___, 20___
- 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 2024 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2024.)
- 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 2024?

	Yes	No
1a(1)		No
1a(2)		No
1a(3)		No
1a(4)		No
1a(5)		No
1a(6)		No
1b		
1d		No
2a		No
2b		
3a		No
3b		
4a		No
4b		No

Part VI-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:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)		No
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)		No
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)		No
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	5a(4)		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?	5a(5)		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	5b		
c	Organizations relying on a current notice regarding disaster assistance check <input type="checkbox"/>			
d	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? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	5d		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6a		No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.	6b		No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		No
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
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?	8		No

Part VII 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
DR FRED FLANDRY MD PO BOX 9517 COLUMBUS, GA 31908	PRESIDENT 1.00	0	0	0
BELINDA KLEIN PO BOX 9517 COLUMBUS, GA 31908	EXECUTIVE DIRECTOR 40.00	101,316	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
KYLE CICHOS PO BOX 9517 COLUMBUS, GA 31908	VICE CHAIR OF RESEAR 40.00	130,478	0	0
ROBERT ROSS PO BOX 9517 COLUMBUS, GA 31908	MEDICAL TELEVISION D 40.00	103,322	0	0
ANDREW J GRUBBS PO BOX 9517 COLUMBUS, GA 31908	ATC DIRECTOR 40.00	78,874	0	0
JESSICA HUTZUL PO BOX 9517 COLUMBUS, GA 31908	ATHLETIC TRAINER 40.00	68,612	0	0
ROBERT LOUGHRY PO BOX 9517 COLUMBUS, GA 31908	ATHLETIC TRAINER 40.00	68,177	0	0

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

Part VII 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 VIII- Summary of Direct Charitable Activities

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

	Expenses
1 NO DIRECT CHARITABLE ACTIVITIES	0
2	
3	
4	

Part VIII- 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
1 N/A	0
2	
3 All other program-related investments. See instructions.	
Total. Add lines 1 through 3	0

Part IX 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	1,318,495
b	Average of monthly cash balances.	1b	260,794
c	Fair market value of all other assets (see instructions).	1c	2,378,952
d	Total (add lines 1a, b, and c).	1d	3,958,241
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	3,958,241
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions).	4	59,374
5	Net value of noncharitable-use assets. Subtract line 4 from line 3.. . . .	5	3,898,867
6	Minimum investment return. Enter 5% (0.05) of line 5.	6	194,943

Part X 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 IX, line 6.	1	
2a	Tax on investment income for 2024 from Part V, line 5.	2a	
b	Income tax for 2024. (This does not include the tax from Part V.).	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 XII, line 1.	7	

Part XI 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	3,285,989
b	Program-related investments—total from Part VIII-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 XII, line 4.. . . .	4	3,285,989

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1 Distributable amount for 2024 from Part X, line 7				
2 Undistributed income, if any, as of the end of 2024:				
a Enter amount for 2023 only.				
b Total for prior years: 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2024:				
a From 2019.				
b From 2020.				
c From 2021.				
d From 2022.				
e From 2023.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2024 from Part XI, line 4: ▶ \$ _____				
a Applied to 2023, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2024 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2024. (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount—see instructions.				
e Undistributed income for 2023. Subtract line 4a from line 2a. Taxable amount—see instructions.				
f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025				
7 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).				
8 Excess distributions carryover from 2019 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2025. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2020				
b Excess from 2021				
c Excess from 2022.				
d Excess from 2023				
e Excess from 2024				

Part XIII Private Operating Foundations (see instructions and Part VI-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 2024, 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)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed

b 85% (0.85) of line 2a

c Qualifying distributions from Part XI, line 4 for each year listed

d Amounts included in line 2c not used directly for active conduct of exempt activities

e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c

3 Complete 3a, b, or c for the alternative test relied upon:

a "Assets" alternative test—enter:

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part IX, line 6 for each year listed

c "Support" alternative test—enter:

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Table with columns: Tax year, (a) 2024, (b) 2023, (c) 2022, (d) 2021, (e) Total. Rows include 2a-2e and 3a-3c.

Part 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 **Supplementary Information (continued)**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Total  3a				0
b <i>Approved for future payment</i>				
Total  3b				0

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990PF - Special Condition Description:

Special Condition Description

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

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 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 33¹/₃% 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 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

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	\$ 15,000	<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 BRAWNERS FERRY ROAD HAMILTON, GA 31811	\$ 12,500	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
3	FRANCIS & MIRANDA CHILDRESS FOUNDATION 2905 CORINTHIAN AVENUE SUITE 7 JACKSONVILLE, FL 32210	\$ 10,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
4	FRED C FLANDRY MD PC 9000 RIVER ROAD 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>
5	JAMES MCGRORY MD PC 2834 ROSWELL LANE COLUMBUS, GA 31906	\$ 6,900	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
6	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>

Schedule B (Form 990) (Rev. 1-2025)

Name of organization THE HUGHSTON FOUNDATION INC Employer identification number 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
7	PATRICK FERNICOLA MD PC 2131 OLD RIVER RD FORTSON, GA 31808	\$ 12,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
8	SMITH & NEPHEW INC 1450 BROOKS ROAD MEMPHIS, TN 38116	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
9	JACK HUGHSTON MEMORIAL HOSPITAL 4401 RIVER CHASE DRIVE PHENIX CITY, AL 368677483	\$ 1,557,612	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
10	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>
11	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>
12	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>

Schedule B (Form 990) (Rev. 1-2025)

Name of organization THE HUGHSTON FOUNDATION INC Employer identification number 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 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>
14	COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY INC 1340 13TH STREET COLUMBUS, GA 319012345	\$ 525,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
15	BREG INC 2885 LOKER AVENUE E CARLSBAD, CA 92010	\$ 15,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
16	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>
17	DAVID C REHAK MD 2201-5 OLD RIVER ROAD FORTSON, GA 31808	\$ 12,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
18	ARTHROSURFACE 28 FORGE PARKWAY FRANKLIN, MA 02038	\$ 5,000	<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) (Rev. 1-2025)

Name of organization THE HUGHSTON FOUNDATION INC Employer identification number 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
19	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>
20	RANDALL J RUARK MD PC 8934 RIVER ROAD COLUMBUS, GA 31904	\$ 10,368	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
21	EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE 2265 KRAFT DRIVE BLACKSBURG, VA 24060	\$ 10,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
22	HMMG LLC 6262 VETERANS PARKWAY COLUMBUS, GA 31909	\$ 106,456	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
23	GARLAND GUDGER JR MD PC 2703 NANCY STREET 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>
24	HUGHSTON SURGICAL CENTER LLC 6262 VETERANS PARKWAY COLUMBUS, GA 31909	\$ 50,000	<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) (Rev. 1-2025)

Name of organization THE HUGHSTON FOUNDATION INC Employer identification number 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
25	STRYKER ORTHOPAEDICS 2825 AIRVIEW BOULEVARD KALAMAZOO, MI 49002	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
26	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>
27	JOHN CP FLOYD MD 2438 CRAIGSTON DRIVE COLUMBUS, GA 31906	\$ 5,500	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
28	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>
29	LANCE E WESTERLUND II MD PC 6441 SPRING WATER DRIVE 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>
30	BRENT A PONCE MD PC 1111 GRACE STREET HOMEWOOD, AL 35209	\$ 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) (Rev. 1-2025)

Name of organization THE HUGHSTON FOUNDATION INC Employer identification number 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
31	ARTHREX INC 1370 CREEKSIDE BOULEVARD NAPLES, FL 34108	\$ 40,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
32	TRUDY LEEK PO BOX 9517 COLUMBUS, GA 31908	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
33	ERIN BICHO PO BOX 9517 COLUMBUS, GA 31908	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
34	MEDRITE SOLUTIONS LLC 210 SUNCREST BLVD SAVANNAH, GA 31410	\$ 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>

Schedule B (Form 990) (Rev. 1-2025)

Name of organization THE HUGHSTON FOUNDATION INC Employer identification number 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
.		\$	<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

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TY 2024 IRS 990 e-File Render

Name: THE HUGHSTON FOUNDATION INC

EIN: 58-1354127

Description of Amortized Expenses	Date Acquired, Completed, or Expended	Amount Amortized	Deduction for Prior Years	Amortization Method	Current Year Amortization	Net Investment Income	Adjusted Net Income	Total Amount of Amortization
LOAN COSTS	2024-07-11	21,624		24.000000000000	5,406	0	5,406	5,406

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	285,305	SL	40.0000000000000	14,147	0	0	
LEASEHOLD IMP - FREEMAN & ASSOCIATES (COMBO OF 7 DIFF AMOUNTS)	2004-03-31	472,593	233,343	SL	40.0000000000000	11,815	0	0	
LEASEHOLD IMP - FREEMAN & ASSOCIATES	2004-09-08	13,091	6,326	SL	40.0000000000000	327	0	0	
LEASEHOLD IMP - FREEMAN & ASSOCIATES	2004-04-13	96,102	47,452	SL	40.0000000000000	2,403	0	0	
LEASEHOLD IMP - ANDRAS ARCHITECTS	2004-05-26	5,688	2,784	SL	40.0000000000000	142	0	0	
LEASEHOLD IMP - FREEMAN & ASSOCIATES	2004-07-22	22,104	10,731	SL	40.0000000000000	553	0	0	
LEASEHOLD IMP - AUDIO/VISUAL INNOVATIONS	2004-08-09	101,629	49,333	SL	40.0000000000000	2,541	0	0	
LEASEHOLD IMP - MUSEUM - FREEMAN & ASSOCIATES	2004-09-23	69,150	33,280	SL	40.0000000000000	1,729	0	0	
LEASEHOLD IMP - MUSEUM - FREEMAN & ASSOCIATES	2004-11-04	12,693	6,081	SL	40.0000000000000	317	0	0	
LEASEHOLD IMP - MUSEUM - FREEMAN & ASSOCIATES	2005-02-07	4,445	2,102	SL	40.0000000000000	111	0	0	
LEASEHOLD IMP - HUGHSTON GARDENS (INC 2005 CIP & 2006 ADDITIONS)	2006-01-01	201,053	90,473	SL	40.0000000000000	5,026	0	0	
LEASEHOLD IMP - WET LAB (INC 2005 CIP & 2006 ADDITIONS)	2006-01-01	475,463	213,960	SL	40.0000000000000	11,887	0	0	
LEASEHOLD IMP - MISCELLANEOUS	2006-06-30	6,512	2,850	SL	40.0000000000000	163	0	0	
LEASEHOLD IMP - HUGHSTON GARDENS (FREEMAN)	2007-02-21	23,126	9,732	SL	40.0000000000000	578	0	0	
LEASEHOLD IMP - HUGHSTON GARDENS MISC (COMBO OF 6 AMOUNTS)	2007-05-02	23,832	9,931	SL	40.0000000000000	596	0	0	
LEASEHOLD IMP - LTR GLASS - DOOR LOGO	2009-07-07	1,363	494	SL	40.0000000000000	34	0	0	
AUSBON FIRE PROTECTION - FIRE SPRINKLER SYSTEM REPAIR	2010-12-14	5,400	1,766	SL	40.0000000000000	135	0	0	
PC MALL - 6 COMPUTERS FOR LIBRARY	2013-03-28	3,320	3,320	SL	5.0000000000000	0	0	0	
PC MALL - CINTIQ COMPUTER & TABLET	2013-08-21	5,182	5,182	SL	5.0000000000000	0	0	0	
AUDIO VISUAL EQUIP - SCREEN REPLACEMENT	2013-06-07	1,872	1,872	SL	5.0000000000000	0	0	0	
B&H PHOTO & VIDEO - DR FLANDRY - TELMAX 17" TELEPROMTER BUNDLE	2013-07-10	2,551	2,551	SL	5.0000000000000	0	0	0	
DRILLS & SAWS EQUIPMENT - DONATED FROM HUGHSTON SURGICAL (VALUED BY AR)	2017-09-30	137,078	137,078	SL	5.0000000000000	0	0	0	
VIDEO & LIGHTING EQUIP - DONATED FROM HUGHSTON SURGICAL (VALUED BY AR)	2019-09-30	80,016	68,013	SL	5.0000000000000	12,003	0	0	
CADAVER LAB	2021-08-01	13,807	2,224	SL	15.0000000000000	920	0	0	

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
UPGRADES									
TRANSLATIONAL LAB ASSETS	2024-05-01	30,122		SL	10.000000000000	2,008	0	0	
TRANSLATIONAL LAB ASSETS	2024-05-01	549,332		SL	10.000000000000	36,622	0	0	
LAB SECURITY & COMPRESSOR	2024-06-01	55,508		SL	10.000000000000	3,238	0	0	
FA PARKING, SEAL COAT & LAB	2024-07-01	230,192		SL	10.000000000000	11,510	0	0	
CYTEK BIOSCIENCES LAB EQUIPMENT	2024-06-01	788,058		SL	10.000000000000	45,970	0	0	
FISHER LAB ASSET	2024-10-01	14,061		SL	10.000000000000	352	0	0	
LEASEHOLD IMP - TRANSLATIONAL LAB	2024-05-01	407,655		SL	20.000000000000	13,589	0	0	
LEASEHOLD IMP - LAB SECURITY & COMPRESSOR	2024-05-01	28,235		SL	20.000000000000	941	0	0	
LEASEHOLD IMP - FA PARKING, SEAL COAT & LAB	2024-05-01	580,079		SL	20.000000000000	19,336	0	0	
LEASEHOLD IMP - LAB WINDOW FILM ASSET	2024-05-01	2,898		SL	20.000000000000	97	0	0	
LEASEHOLD IMP - FA PARKING, SEAL COAT & LAB	2024-07-01	29,851		SL	10.000000000000	1,493	0	0	
LEASEHOLD IMP - TRANSLATIONAL LAB	2024-05-01	7,421		SL	10.000000000000	495	0	0	

TY 2024 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	176,433	176,433

TY 2024 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	217,916	217,916

TY 2024 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	55,340	55,340
MORGAN STANLEY - CERTIFICATES OF DEPOSIT	FMV	216,013	216,013
MORGAN STANLEY - MUTUAL FUNDS	FMV	126,538	126,538
MORGAN STANLEY - MONEY MARKET FUND	FMV	84,781	84,781
MORGAN STANLEY 588117 - MONEY MARKET FUNDS	FMV	2,346	2,346
MORGAN STANLEY 588117 - EXCHANGE-TRADED & CLOSED-END FUNDS	FMV	56,556	56,556
MORGAN STANLEY 588117 - MUTUAL FUNDS	FMV	81,619	81,619
SYNOVUS SECURITIES - SWEEP	FMV	7,399	7,399
SYNOVUS SECURITIES - MUTUAL FUNDS	FMV	62,902	62,902

TY 2024 IRS 990 e-File Render

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	299,452	266,446	
LEASEHOLD IMP - FREEMAN & ASSOCIATES (COMBO OF 7 DIFF AMOUNTS)	472,593	245,158	227,435	
LEASEHOLD IMP - FREEMAN & ASSOCIATES	13,091	6,653	6,438	
LEASEHOLD IMP - FREEMAN & ASSOCIATES	96,102	49,855	46,247	
LEASEHOLD IMP - ANDRAS ARCHITECTS	5,688	2,926	2,762	
LEASEHOLD IMP - FREEMAN & ASSOCIATES	22,104	11,284	10,820	
LEASEHOLD IMP - AUDIO/VISUAL INNOVATIONS	101,629	51,874	49,755	
LEASEHOLD IMP - MUSEUM - FREEMAN & ASSOCIATES	69,150	35,009	34,141	
LEASEHOLD IMP - MUSEUM - FREEMAN & ASSOCIATES	12,693	6,398	6,295	
LEASEHOLD IMP - MUSEUM - FREEMAN & ASSOCIATES	4,445	2,213	2,232	
LEASEHOLD IMP - HUGHSTON GARDENS (INC 2005 CIP & 2006 ADDITIONS)	201,053	95,499	105,554	
LEASEHOLD IMP - WET LAB (INC 2005 CIP & 2006 ADDITIONS)	475,463	225,847	249,616	
LEASEHOLD IMP - MISCELLANEOUS	6,512	3,013	3,499	
LEASEHOLD IMP - HUGHSTON GARDENS (FREEMAN)	23,126	10,310	12,816	
LEASEHOLD IMP - HUGHSTON GARDENS MISC (COMBO OF 6 AMOUNTS)	23,832	10,527	13,305	
LEASEHOLD IMP - LTR GLASS - DOOR LOGO	1,363	528	835	
AUSBON FIRE PROTECTION - FIRE SPRINKLER SYSTEM REPAIR	5,400	1,901	3,499	
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	137,078	0	
VIDEO & LIGHTING EQUIP - DONATED FROM HUGHSTON SURGICAL (VALUED BY AR)	80,016	80,016	0	
CADAVER LAB UPGRADES	13,807	3,144	10,663	
TRANSLATIONAL LAB ASSETS	30,122	2,008	28,114	
TRANSLATIONAL LAB ASSETS	549,332	36,622	512,710	
LAB SECURITY & COMPRESSOR	55,508	3,238	52,270	
FA PARKING, SEAL COAT & LAB	230,192	11,510	218,682	
CYTEK BIOSCIENCES LAB EQUIPMENT	788,058	45,970	742,088	
FISHER LAB ASSET	14,061	352	13,709	
LEASEHOLD IMP - TRANSLATIONAL LAB	407,655	13,589	394,066	
LEASEHOLD IMP - LAB SECURITY & COMPRESSOR	28,235	941	27,294	
LEASEHOLD IMP - FA PARKING, SEAL COAT & LAB	580,079	19,336	560,743	
LEASEHOLD IMP - LAB WINDOW FILM ASSET	2,898	97	2,801	
LEASEHOLD IMP - FA PARKING, SEAL COAT & LAB	29,851	1,493	28,358	
LEASEHOLD IMP - TRANSLATIONAL LAB	7,421	495	6,926	
LOAN COSTS	21,624	5,406	16,218	

TY 2024 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	2,249	0	0	0

TY 2024 IRS 990 e-File Render

Name: THE HUGHSTON FOUNDATION INC

EIN: 58-1354127

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
CONSTRUCTION IN PROGRESS	654,484	0	0

TY 2024 IRS 990 e-File Render

Name: THE HUGHSTON FOUNDATION INC

EIN: 58-1354127

Description	Amount
CURRENT YEAR CHANGE IN UNREALIZED GAINS	13,147
PRIOR PERIOD ADJUSTMENT - WAGES	68,986

TY 2024 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	247,831	0	0	247,831
BILLINGS / COLLECTIONS	9,434	0	0	9,434
HOUSEKEEPING	28,617	0	0	28,617
OTHER EXPENSES / CONT PURCH SVCS	134,328	0	0	134,328
BANK FEES	13,466	13,466	0	0
INSURANCE	279,005	0	0	279,005
MAINTENANCE	95,560	0	0	95,560
LABOR	213,431	0	0	213,431
LEASES & RENTALS	10,546	0	0	10,546
MEALS	9,839	0	0	9,839
DUES & SUBSCRIPTIONS	19,253	0	0	19,253
POSTAGE	424	0	0	424
STORAGE	6,433	0	0	6,433
CERTIFICATION	6,319	0	0	6,319
SPONSORSHIP	25,185	0	0	25,185
GIFTS AND AWARDS	17,625	0	0	17,625
SPECIAL EVENTS	8,928	0	0	8,928
ACCOUNTING	37,399	0	0	37,399
SECURITY	1,836	0	0	1,836
UNIFORMS	480	0	0	480
MEETINGS	3,678	0	0	3,678
MISCELLANEOUS	107,293	0	0	107,293
AMORTIZATION	5,406	0	5,406	0

TY 2024 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	10,000		10,000
SERVICE FEES	413,530		413,530
REVENUE - FELLOWS	154,271		154,271
MEETING FEES	3,975		3,975
DEPOSITION FEES	7,200		7,200
DUES	23,380		23,380
ROYALTY INCOME	238		238
NON-DIVIDEND DISTRIBUTIONS	1,272		1,272

TY 2024 IRS 990 e-File Render

Name: THE HUGHSTON FOUNDATION INC

EIN: 58-1354127

Description	Amount
ADJUSTMENT TO FUND BALANCE	23,968

TY 2024 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	9,600	0	0	0

TY 2024 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	142,418	0	0	142,418
FOREIGN TAXES	31	31	0	0
2023 EXCISE TAX	529	0	0	0
2024 EXCISE TAX	1,080	0	0	0