See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org anizations with gross receipts less than $1,000 000 and total assets less than $2,500,000 at the end of the year may use this form

► *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545 1150

2008

Open to Public Inspection

A **For the 2008 calendar year, or tax year beginning** 5/01 , **2008, and ending** 4/30 , 2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instruc-tions

C
THOMASVILLE ENTERTAINMENT FOUNDATION, INC.
P O BOX 1976
THOMASVILLE, GA 31799-1976

D **Employer identification number** 58-1024440

E **Telephone number** 229 226-7404

F **Group Exemption Number** ►

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►

I **Website:** ► N/A

H Check ► ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J **Organization type** (check only one) — ☒ 501(c) (3) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ► $ 202,627.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	72,184.
	2	Program service revenue including government fees and contracts	2	128,564.
	3	Membership dues and assessments	3	
	4	Investment income	4	1,879.
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ► ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) — 6a		
	b	Less. direct expenses other than fundraising expenses — 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ► _____)	8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9	202,627.
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	2,195.
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	3,000.
	15	Printing, publications, postage, and shipping	15	17,415.
	16	Other expenses (describe ► See Statement 1)	16	127,125.
	17	**Total expenses** (add lines 10 through 16) ►	17	149,735.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	52,892.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	50,282.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►	21	103,174.

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	81,627.	22	120,249.
23	Land and buildings		23	
24	Other assets (describe ► _____)		24	
25	**Total assets**	81,627.	25	120,249.
26	**Total liabilities** (describe ► See Statement 2)	31,345.	26	17,075.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	50,282.	27	103,174.

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? COMMUNITY CONCERT SERIES

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28	COMMUNITY CONCERT SERIES - CULTURAL & EDUCATIONAL; APPROX. 450 SEASON TICKET HOLDERS, 350-525 ATTENDEES AT EACH OF SIX CONCERTS; HUNDREDS OF SCHOOL CHILDREN AT EDUCATIONAL PRESENTATIONS. (Grants $) If this amount includes foreign grants, check here ► ☐	28a	149,735.
29	(Grants $) If this amount includes foreign grants, check here ► ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ► ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ► ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ►	32	149,735.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs)

(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 and other allowances
SEE ATTACHED LIST	1.00	0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under. section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ► 0.			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► GA			

42a The books are in care of ► R FRED HESTER, CPA Telephone no ► 229 226-2515

Located at ► P O BOX 1098, THOMASVILLE, GA ZIP + 4 ► 31799-1098

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ►	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 3

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over $100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over $100,000 ►		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

► Janice P. Fairdoth, Executive Director 1/20/2010
Signature of officer Date

► Janice P. Fairdoth
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►	R. FRED HESTER, CPA	Date 1-08-2010	Check if self employed ► ☐	Preparer's Identifying Number (See instructions) P00024536
Firm's name (or yours if self employed), address, and ZIP + 4 ►	Simmons, Mills & Simmons PC P.O. Box 1098 Thomasville, GA 31799		EIN ► 58-2021225 Phone no ► (229) 226-2515	

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ Yes ☐ No

BAA Form 990-EZ (2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
THOMASVILLE ENTERTAINMENT FOUNDATION, INC.	58-1024440

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☒ An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g (i) (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
11g (ii) (ii) a family member of a person described in (i) above?		
11g (iii) (iii) a 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 **Total.** Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9 Net income form unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	65,907.	57,711.	69,665.	75,189.	72,184.	340,656.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	102,528.	107,970.	113,229.	135,217.	128,564.	587,508.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 **Total.** Add lines 1-5	168,435.	165,681.	182,894.	210,406.	200,748.	928,164.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	30,000.	30,000.	30,000.	40,000.	30,000.	160,000.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	30,000.	30,000.	30,000.	40,000.	30,000.	160,000.
8 **Public support** (Subtract line 7c from line 6)						768,164.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	168,435.	165,681.	182,894.	210,406.	200,748.	928,164.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	515.	728.	3,893.	4,609.	1,879.	11,624.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	515.	728.	3,893.	4,609.	1,879.	11,624.
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13 **Total support.** (add lns 9, 10c, 11, and 12)						939,788.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	81.7 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	82.0 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	1.2 %
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	0.8 %

19a **33-1/3 support tests — 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3 support tests — 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

Annual members dinner	$	829.
Artist fees & expenses		98,886.
Bank charges and fees		1,405.
Donor/member reception		220.
Information Technology		1,349.
Insurance		1,682.
Office Expenses		3,974.
Other expenses		1,852.
Piano upkeep		595.
Pre-concert events		9,173.
Royalties		1,067.
Sales tax		5,273.
Telephone		820.
Total	$	127,125.

Statement 2
Form 990-EZ, Part II, Line 26
Total Liabilities

	Beginning	Ending
Deferred Revenue	$ 31,345.	$ 17,075.
Total	$ 31,345.	$ 17,075.

Statement 3
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

THOMASVILLE ENTERTAINMENT FOUNDATION, INC.

58-1024440

2008 - 2009 BOARD OF TRUSTEES

2006-2009	2007-2010	2008-2011
Susan Bannister	Lynn Deas	Rita Amisson
Judy Bauer	Raymond Hughes*	Dee Bailey
Becky Bracey	Barbara Lang	Karl Barton*
John Hand*	Nancy McCollum	Rick Carlson
Linda Hester*	Connie Middleton	John Glenn*
Wayne Lawson*	Charlotte Miller	Paul Liljestrand*
Julie McPherson	Betty Claire Neill	Marilyn Rhea
Nancy Mills	Mike Nocera	Ruth Sisson*
Bruce Muller*	Ken Rebman	Julie Spence
Maggie Roddenbery*	Howard Woodard	Sissy Williams
Carol Sheftall		
Jane Wilkinson		

2008-2009 EXECUTIVE COMMITTEE

Janice Faircloth	Executive Director
John Glenn	President
Linda Hester	Vice President /Administration
Ken Rebman	Vice President / Box Office Coordinator
Karl Barton	Vice President / Marketing Coordinator
Mike Nocera	Vice President / Production Coordinator
Julie McPherson	Vice President / Hospitality Coordinator
Carol Sheftall	Secretary
Rick Carlson	Treasurer
Rita Amisson	Member-at-Large
Julie Spence	Member-at-Large

*Serving second consecutive term

The Mission of the Thomasville Entertainment Foundation is to provide residents of Thomasville and the surrounding region opportunities to enjoy live concerts by internationally-acclaimed artists; to nurture personal enrichment and heightened appreciation for the performing arts through educational activities; and to provide scholarships for young musicians who show outstanding promise.

DIRECTORY

Trustees and Frequently Called Numbers

Name	Address	Home	Office/Cell	E-Mail	Fax
Rita Amisson	1721 Wimbledon Drive	551-1737	413-2440	ntaa1@rose net	
Dee Bailey (Mrs Edward)	122 Covington Place	225-1234	221-6325	debailey@rose net	
Susan Barnister (Dr Ron)	111 Glen Eagles Circle	228-4900	227-3274	SusanB@Thomasville org	
Dr Karl Barton (Melissa)	2308 Orleans Drive	850 942-5267	226-1621 ext 169	kbarton@thomasu edu	
	Tallahassee, FL 32308		850-294-5234 ©		
Judy Bauer (Mrs Doug)	1744 E Washington Street	225-1295	225-4394	jhbauer@yahoo com	
				jbauder@thomas k12 ga us	
Becky Bracey (Mrs John A Jr)	1314 Lovers Lane	226-6396		bulldog@rose.net	
Richard (Rick) Carlson	805 S Broad Street, No 12	226-8188	226-5880	rrjvs@rose net	
Marthalene Davis (Mrs Jasper)	103 St Andrews Circle	226-1836			
Lynn Deas (Mrs. Rone)	136 Tall Pines Drive	228-0738		lnrdeas@rose net	
Janice Faircloth (Mrs M Tom)	118 Springdale Circle, T'vlle	226-6130	403-7161	jpfga@rose net	
	1402 Beech Mountain Pkwy	828-387-2974		jpfga@skybest com	
	Beech Mountain, NC 28604				
John L Glenn, Jr (Pat)	102 St Andrews Circle	228-6868	221-2165	jglenn@rose net	228-0806
John Hand (Lois)	717 S Hansell Street	228-9372	226-1852	oaklawn@rose net	
Linda Hester (Mrs R Fred)	122 Plantation Drive	226-8064	403-4866	lhester@rose net	
Fred Hester, CPA	220 E Jackson Street	226-8062[4]	226-2515	fhester@rose net	226-2531

Name	Address	Home	Office/Car	E-Mail	Fax
Raymond Hughes	161 East 88th St , #1 D New York, NY 10128	917-364-5022	212-799-3100 Extension 2636	rshnymet@aol com	
Gwen Kelly (Mrs Daniel)	812 S Broad Street, #1	226-3574		gpk@rose net	
Barbara Lang (Mrs T Gregory)	1312 Lovers Lane	226-0476	224-2840	tglang@rose net	
Wayne Lawson (Barbara)	109 W Club Drive	228-0085		blawson@rose net	
Dr Paul F Liljestrand (Rae)	133 Tall Pines Drive	226-9629		Paullil@rose net	
Nancy McCollum (Mrs Paul)	345 Roundtree Road	226-0055	226-6515	mccollum@ftrealty	228-7548
Julie McPherson (Dr. Douglas C)	2451 Magnolia Road	226-1229		themoose@rose net	
Connie Middleton	618 Gordon Ave	226-0744		cmmiddleton@rose net	
Charlotte Miller (Mrs Richard)	102 Glen Eagles Circle	226-0210			
The Reverend Nancy Mills (Dr Luther)	907 N Dawson Street	226-2735	~~228-0640~~	nmills@rose.net	
Bruce Muller (Dawn)	P.O Box 710	226-2217	228-0640	bdmuller@rose net	
Betty Claire Neill (Mrs James R)	108 Glen Eagles Circle	226-4284		bc@rose net	
Mike Nocera (Wyatt)	120 Parkway Drive	226-4281		w-mnocera@rose net	
Kenneth J Rebman (Elaine)	1025 E Washington St	228-0061		krebman@rose net	
Marilynn Rhea (Mrs Randy)	1420 Mendian Road	377-4289	200-0939	marilynnrhea@gmail com	
Maggie Roddenbery (Mrs J B)	1494 Parallel Drive Cairo, GA 39828	377-1133		mrodd@syrupcity net	

Name	Address	Home	Office/Car	E-Mail	Fax
Carol Sheftall (Mrs William L. Jr)	2858 S Pinetree Blvd	228-6604	224-8498	bioshef@rose net	
				csheftall@brookwoodschool org	
Dr Ruth Sisson	123 Lake Eagle Drive	225-9025		rusis@rose net	
	P O Box 178	828 452-3679		rusis1@bellsouth net	
	Balsam, NC 28707				
Julie Spence (Mrs Rocky)	216 Yorkshire Crescent	226-4816	227-7671	jujurock@rose net	
TEF	P O. Box 1976	226-7404		tef@rose nt	226-0599
Thomasville Cultural Center**	600 E Washington Street	226-0588		tccadmin@rose net	226-0599
Jane R Wilkinson	1853 Lakewood Drive	377-6375		irjane@msn com	377-2420
	Cairo, GA 39828				
Sissy Williams (Mrs Frank)	215 Fairways Drive	228-1930			
Howard Woodard (Sharon Bridges)	20 Holly Springs Drive	227-5609	403-1277	bridgewood@rose net	