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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545 1150

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning **Jul 1**, 2008, and ending **Jun 30**, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization North Central Regional Mental Health Board, Inc.		D Employer identification number 06-0935780
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 367 Russell Road		E Telephone number (860) 667-6388
		City or town, state or country, and ZIP + 4 Newington CT 06111		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: ▶ **www.ncrmhb.org**

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 ▶ \$ **458,619.**

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

1	Contributions, gifts, grants, and similar amounts received	1	450,472.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	8,147.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
6a	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	b Less: direct expenses other than fundraising expenses	6b	
6c	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	
7b	b Less: cost of goods sold	7b	
7c	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	458,619.
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	333,075.
13	Professional fees and other payments to independent contractors	13	62,881.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	11,340.
16	Other expenses (describe ▶ See Other Expenses Statement)	16	56,458.
17	Total expenses (add lines 10 through 16) ▶	17	463,754.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,135.
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	251,383.
20	Other changes in net assets or fund balances (attach explanation) See L-20 Stmt	20	-1,607.
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	244,641.

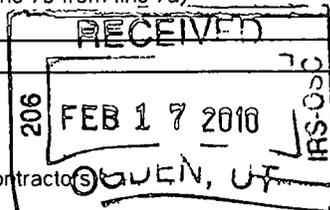
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

		(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments			305,710.	301,655.
23	Land and buildings			0.	0.
24	Other assets (describe ▶ See L-24 Stmt)			15,680.	43,474.
25	Total assets			321,390.	345,129.
26	Total liabilities (describe ▶ See L-26 Stmt)			70,007.	100,488.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)			251,383.	244,641.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

EXAMINED MAR 10 2010



8

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		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		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		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
37b	b Did the organization file Form 1120-POL for this year?		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?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39	501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
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.		
40b	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		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	d Enter amount of tax on line 40c reimbursed by the organization		
40e	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		X
41	List the states with which a copy of this return is filed ▶ <u>Connecticut</u>		

42a The books are in care of ▶ Sheryl Breetz Telephone no ▶ (860) 667-6388
 Located at ▶ 367 Russell Road, Building 34 Newington CT ZIP + 4 ▶ 06111

		Yes	No
42b	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: ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
42c	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 ▶ _____		X

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

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		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		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.

- 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
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
b If 'Yes,' was the related organization(s) a section 527 organization?

	Yes	No
46		X
47		X
48		X
49 a		X
49 b		

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		▶

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.

Sign Here
 ▶ *Sheryl L. Breetz* Signature of officer | 2/11/10 Date
 ▶ Sheryl L. Breetz, Executive Director Type or print name and title

Paid Preparer's Use Only
 Preparer's signature ▶ *Wanda Pan CPA* Date 2/9/10
 Firm's name (or yours if self employed), address, and ZIP + 4 ▶ O'Connell, Pace & Company P.C.
 609 Farmington Avenue Suite 201
 Hartford CT 06105
 Check if self-employed Preparer's Identifying Number (See instructions) ▶ 000171616
 EIN ▶ 06-1053627
 Phone no ▶ (860) 247-3917

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization North Central Regional Mental Health Board, Inc.	Employer identification number 06-0935780
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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?

- (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?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

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')	455,611.	570,860.	378,455.	438,757.	444,885.	2,288,568.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.	0.
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.	0.	0.	0.	0.	0.	0.
4 Total. Add lines 1-3	455,611.	570,860.	378,455.	438,757.	444,885.	2,288,568.
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						2,288,568.

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	455,611.	570,860.	378,455.	438,757.	444,885.	2,288,568.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,363.	10,505.	11,993.	12,439.	8,147.	46,447.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						2,335,015.
12 Gross receipts from related activities, etc. (see instructions)					12	8,543.
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. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	98.01%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	98.49%
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. ▶ <input checked="" type="checkbox"/>		
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. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		

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'.)						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add lns 9, 10c, 11, and 12)						
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 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 ▶

Name as Shown on Return North Central Regional Mental Health Board, Inc.	Employer Identification No 06-0935780
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	Beginning of Year	End of Year
Line 24 - Other Assets:		
<u>Accounts receivable</u>	<u>8,765.</u>	<u>38,016.</u>
<u>Furniture and equipment, net of accumulated depreciation</u>	<u>4,823.</u>	<u>3,442.</u>
<u>Prepaid expenses</u>	<u>2,092.</u>	<u>2,016.</u>
Totals to Form 990-EZ, Part II, line 24 .	15,680.	43,474.
Line 26 - Total Liabilities:		
<u>Accounts Payable and accrued expenses</u>	<u>24,378.</u>	<u>31,195.</u>
<u>Refundable advances</u>	<u>45,629.</u>	<u>69,293.</u>
Totals to Form 990-EZ, Part II, line 26	70,007.	100,488.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)	
Bank service charges	218.
Depreciation	2,080.
Caucus activities	1,128.
Conferences and meetings	9,421.
Dues and subscriptions	699.
Education and training	80.
Insurance	2,277.
Maintenance	2,036.
Member expenses	23,324.
Office supplies	7,812.
Special project fees	150.
Telephone	3,046.
Travel	4,187.
Total	<u>56,458.</u>

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
Unrealized losses on investments carried at market value	-1,607.
Total	<u>-1,607.</u>

Additional Information

Form 990-EZ, Page 2, Part III - Organization's Primary Exempt Purpose

To establish a system of regionalized services for the care and treatment of the mentally ill and provide community mental health services, research, and education.



**NORTH CENTRAL REGIONAL
 MENTAL HEALTH BOARD
 FY 2008-2009 ***

OFFICERS – All Officers and Board Members are elected yearly and their terms expire June 30, 2009

Chairperson:	Tom King, CAC 15
Vice Chair:	Denise Dauray, CAC 15
Secretary:	Beryl Cole, CAC 18
Treasurer:	Dennis Keenan, CAC 18
State Board Reps:	Tom King, CAC 15 Judith Shaw, CAC 16 Denise Dauray, CAC 15

CAC 15

NAME & ADDRESS

BUSINESS ADDRESS

Denise Dauray
 Town of Manchester
 479 Main Street
 P.O. Box 191
 Manchester, CT 06045-0191

Conservator / Agent

Michael McDermid
 1172 Middle Turnpike West, Apt B2
 Manchester, CT 06040

President
 Genesis Center Clubhouse
 587 East Middle Turnpike
 Manchester, CT 06040

Rev. Don Miller
 42 Deerwood Road
 Tolland, CT 06084

Retired Clergyman

Thomas King
 Manchester Memorial Hospital
 71 Haynes Street
 Manchester CT 06040

Psychologist

CAC 16

Arlyne DellaDonna
 17 Westgate Circle
 Newington, CT 06111

Retired Registered Nurse and Professor
 UCONN School of Nursing

June Roy
 29 Hickory Lane
 Rocky Hill, CT 06067

Retired Social Worker / Administrator

Carol Gilbert
 886 Main St, Apt 308
 East Hartford, CT 06108

Warmline Operator
 Inter-Community Mental Health Group
 281 Main Street
 East Hartford, CT 06108

Judith Shaw
 Butler Apts
 31 Butler Street, Apt N20
 Wethersfield, CT 06109

Consumer Advocate

CAC 17

Kathleen Schumann
 88 Woods Hollow Road
 Suffield, CT 06078

Family Member

Selina Welborn
332 Dunfey Lane
Windsor, CT 06095

Consumer Advocate

CAC 18

Diann Wienke
51 Mountain Spring Road
Farmington, CT 06032-1612

Director of The Foundation for Mental Health
10 Executive Dr
Farmington, CT 06032

Beryl Cole
39 Dowd Avenue
Canton, CT 06019

Retired Assistant Town Clerk
Town of Canton

Terry Johnson
9A Farmington Chase Crescent
Farmington, CT 06032

Nurse Psychotherapist (Private Practice)
361 Park Road, Third Floor
West Hartford, CT 06119

Dennis Keenan
1617 Boulevard
West Hartford, CT 06107

Retired Executive Director
Wheeler Clinic

CAC 19

CAC 19 will vote on representatives to
the Board

Tina Inferrera
26 Deborah Lane
Colchester, CT 06415

CAC 23

Service Coordinator
South Park Inn Shelter
75 Main Street
Hartford, CT 06106

Benita Toussaint
45 Niles Street
Hartford, CT 06105

Advocate and Member of Disability
Commission in Hartford

Sister Rosalie Bean
80 Wethersfield Avenue # 23
Hartford, CT 06114

Retired Nun

EX-OFFICIOS
Brenda Thorington
Cedarcrest Hospital
525 Russell Road
Newington, CT 06111

Chief Executive Officer
Cedarcrest Hospital
525 Russell Road
Newington, CT 06111

Mary Hess
89 West Mountain Road
Collinsville, CT 06022

Retired Director of Research & Development
Wheeler Clinic
91 Northwest Drive
Plainville, CT 06062

* Representatives as of Sept 24, 2008.