

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

|                                                                  |                                      |                                                    |                                           |                                                                        |                                                             |                                |
|------------------------------------------------------------------|--------------------------------------|----------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------|
| <b>Business Entity Type (Please select one)</b>                  |                                      |                                                    |                                           |                                                                        |                                                             |                                |
| <input type="checkbox"/> Sole Proprietorship                     | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation      | <input type="checkbox"/> Trust                                         | <input checked="" type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Other |
| <b>Business Designation Group (Please select all that apply)</b> |                                      |                                                    |                                           |                                                                        |                                                             |                                |
| <input type="checkbox"/> MBE                                     | <input type="checkbox"/> WBE         | <input type="checkbox"/> SBE                       | <input type="checkbox"/> PBE              | <input type="checkbox"/> VET                                           | <input type="checkbox"/> DVET                               | <input type="checkbox"/> ESB   |
| Minority Business Enterprise                                     | Women-Owned Business Enterprise      | Small Business Enterprise                          | Physically Challenged Business Enterprise | Veteran Owned Business                                                 | Disabled Veteran Owned Business                             | Emerging Small Business        |
|                                                                  |                                      |                                                    |                                           |                                                                        |                                                             |                                |
| <b>Number of Clark County Nevada Residents Employed:</b>         |                                      |                                                    |                                           | 16 staff in Clark County; approximately 100 in Nevada                  |                                                             |                                |
|                                                                  |                                      |                                                    |                                           |                                                                        |                                                             |                                |
| <b>Corporate/Business Entity Name:</b>                           |                                      |                                                    |                                           | Rite of Passage Adolescent Treatment Centers and Schools, Inc.         |                                                             |                                |
| <b>(Include d.b.a., if applicable)</b>                           |                                      |                                                    |                                           |                                                                        |                                                             |                                |
| <b>Street Address:</b>                                           |                                      | 2560 Business Parkway, Ste B                       |                                           | <b>Website:</b> theembracingproject.org/ sierrasagetreatmentcenter.cor |                                                             |                                |
| <b>City, State and Zip Code:</b>                                 |                                      | Minden, NV 89423                                   |                                           | <b>POC Name:</b> Jennifer Stoops                                       |                                                             |                                |
|                                                                  |                                      |                                                    |                                           | <b>Email:</b> jennifer.stoops@rop.com                                  |                                                             |                                |
| <b>Telephone No:</b>                                             |                                      | (775) 392-2659                                     |                                           | <b>Fax No:</b> (775) 392-2443                                          |                                                             |                                |
| <b>Nevada Local Street Address:</b>                              |                                      | same as above                                      |                                           | <b>Website:</b>                                                        |                                                             |                                |
| <b>(If different from above)</b>                                 |                                      |                                                    |                                           |                                                                        |                                                             |                                |
| <b>City, State and Zip Code:</b>                                 |                                      |                                                    |                                           | <b>Local Fax No:</b>                                                   |                                                             |                                |
| <b>Local Telephone No:</b>                                       |                                      |                                                    |                                           | <b>Local POC Name:</b>                                                 |                                                             |                                |
|                                                                  |                                      |                                                    |                                           | <b>Email:</b>                                                          |                                                             |                                |

All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).

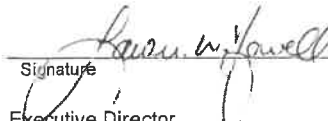
Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

| Full Name             | Title                 | % Owned<br>(Not required for Publicly Traded Corporations/Non-profit organizations) |
|-----------------------|-----------------------|-------------------------------------------------------------------------------------|
| Dr John Sutton        | Chairperson/President | 0% owned (non-profit)                                                               |
| Victoria Sauer-Lamb   | Treasurer             | 0% owned (non-profit)                                                               |
| Kimberly Anastassatos | Secretary             | 0% owned (non-profit)                                                               |
| Regina Ford           | Member                | 0% owned (non-profit)                                                               |

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?** ☐ Yes ☒ No

- Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?  
☐ Yes ☒ No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)
- Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?  
☐ Yes ☒ No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

|                                                                                                                                 |                                                        |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <br>Signature<br>Executive Director<br>Title | Lawrence W. Howell<br>Print Name<br>10/26/2021<br>Date |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|

## DISCLOSURE OF RELATIONSHIP

List any disclosures below:  
(Mark N/A, if not applicable.)

| NAME OF BUSINESS<br>OWNER/PRINCIPAL | NAME OF COUNTY*<br>EMPLOYEE/OFFICIAL<br>AND JOB TITLE | RELATIONSHIP TO<br>COUNTY*<br>EMPLOYEE/OFFICIAL | COUNTY*<br>EMPLOYEE'S/OFFICIAL'S<br>DEPARTMENT |
|-------------------------------------|-------------------------------------------------------|-------------------------------------------------|------------------------------------------------|
| N/A                                 |                                                       |                                                 |                                                |
|                                     |                                                       |                                                 |                                                |
|                                     |                                                       |                                                 |                                                |
|                                     |                                                       |                                                 |                                                |
|                                     |                                                       |                                                 |                                                |
|                                     |                                                       |                                                 |                                                |
|                                     |                                                       |                                                 |                                                |
|                                     |                                                       |                                                 |                                                |
|                                     |                                                       |                                                 |                                                |

\* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

"Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

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**For County Use Only:**

If any Disclosure of Relationship is noted above, please complete the following:

☐ Yes ☐ No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?

☐ Yes ☐ No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative