

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one):						
<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
Business Designation Group (Please select all that apply)						
<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
Number of Clark County Nevada Residents Employed: 103						
Corporate/Business Entity Name: WestCare Nevada Inc						
<i>(Include d.b.a., if applicable)</i>						
Street Address:		1711 Whitney Mesa Drive		Website: www.westcare.com		
City, State and Zip Code:		Henderson, NV 89014		POC Name: Shawn Jenkins		
				Email: shawn.jenkins@westcare.com		
Telephone No:		702-385-2090		Fax No: 702-977-5949		
Nevada Local Street Address:				Website:		
<i>(If different from above)</i>						
City, State and Zip Code:				Local Fax No:		
				Local POC Name:		
Local Telephone No:				Email:		

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 (Not required for Publicly Traded Corporations/Non-profit organizations)
see attached document		all board members and executives
		have no ownership

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.

Shawn A. Jenkins
 Digitally signed by Shawn A. Jenkins
 Date: 2022.03.03 12:07:17 -0600

 Signature
 COO, Western Region

 Title

Shawn Jenkins

 Print Name
 3/3/22

 Date

DISCLOSURE OF RELATIONSHIP

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

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A	N/A	N/A	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)

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

NPI# 1851574305, 1700223088, 1306022025, 1699169920, 1467858464

Board of Directors (NV Sec of State NV19811004704 – updated 4/20)

Name: John Jeppsen

Address: 10845 Griffith Peak Drive Ste 600, Las Vegas NV 89135

Name: Marilyn Moran

Address: 2500 Pinto Lane, LV NV 89109

Name: Richard Steinberg (President)

Address: PO Box 94738, LV NV 89193

Name: James Wadhams

Address: 10777 W Twain Ave, Ste 300 LV NV 89135

Name: William Ekstrom

Address: 1516 S Paloma Blanca Pl, Kingman AZ 86401

Name: Thomas Walsh II

Address: 180 28th Ave North, St Petersburg FL 33704

Name: Ramon Abadin

Address: 2333 Ponce De Leon Blvd, Coral Gables FL 33134

Name: Derrick Boazman

Address: 1860 Bond Drive, Atlanta GA 30315

Name: Mary Okada

Address: PO Box 3566, Hagatna Guam 96932 (US Terr)

Address (Bus): PO Box 94738, LV NV 89193

Non Board Members (Listed on NV SOS)

Secretary

Name: Jim Hanna

Address: PO Box 94738, LV NV 89193

Treasurer

Name: Kenneth Ortvals

Address: PO Box 94738, LV NV 89193

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group (Please select all that apply)						
<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
Number of Clark County Nevada Residents Employed:				249		
Corporate/Business Entity Name: Acadia Merger Sub., LLC / Seven Hills Hospital						
(Include d.b.a., if applicable) Seven Hills Behavioral Institute						
Street Address: 3021 W Horizon Ridge Pkwy			Website: www.sevenhillsbi.com			
City, State and Zip Code: Henderson, NV 89052			POC Name: Michele Crawford			
			Email: michele.crawford@sevenhillsbi.com			
Telephone No: 702-646-5000			Fax No: 702-260-1443			
Nevada Local Street Address: (If different from above)			Website:			
City, State and Zip Code:			Local Fax No:			
Local Telephone No:			Local POC Name:			
			Email:			

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Christopher Hunter	CEO	N/A
David Duckworth	CFO	N/A
Michael Genovese, MD, JD	CMO	N/A

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- 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)?
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Michele R. Crawford	Michele Crawford
Signature	Print Name
Director of Business Development	06/02/2022
Title	Date

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(Mark N/A, if not applicable.)

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N/A			

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Print Name
Authorized Department Representative

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Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Clark County Nevada Residents Employed:				25		
Corporate/Business Entity Name: Freedom House Sober Living Inc						
(Include d.b.a., if applicable)						
Street Address:		3852 Palos Verdes St		Website: WWW.Freedomhousesoberliving		
City, State and Zip Code:		Las Vegas NV 89119		POC Name: Jeffrey Iverson		
				Email: Jeff@freedomhouselv.com		
Telephone No:				Fax No:		
Nevada Local Street Address:				Website:		
(If different from above)						
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name:		
				Email:		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Silvia Buckley	President	Non-Profit
Jeff Iverson	Secretary	Non-Profit
Gerald Bell	Treasurer	Non-Profit

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Silvia Buckley <small>Digitally signed by Silvia Buckley Date: 2021.08.23 09:28:55 -07'00'</small> _____ Signature	Silvia Buckley _____ Print Name
President _____ Title	08/23/2021 _____ Date

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NA			

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Print Name
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