

## 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: 24</b>						
<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		<b>Website:</b> www.riteofpassage.com		
<b>City, State and Zip Code:</b>		Minden, NV 89423		<b>POC Name:</b> Jennifer Stoops		
<b>Telephone No:</b>		(775) 392-2659		<b>Email:</b> jennifer.stoops@rop.com		
<b>Nevada Local Street Address:</b>		Rite of Passage Adolescent Treatment Centers and Schools Inc.		<b>Website:</b>		
<b>(If different from above)</b>				www.riteofpassage.com		
<b>City, State and Zip Code:</b>		800 East Charleston Blvd. Las Vegas, NV 89104		<b>Local Fax No:</b> (775) 392-2443		
<b>Local Telephone No:</b>		(702) 463-6926 Alt. (702) 460-8286		<b>Local POC Name:</b> Makaya Swain		
				<b>Email:</b> makaya.swain@rop.com		

**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).

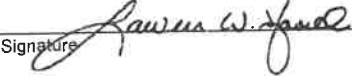
**Entities** include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
See full list attached.		Zero-Ownership-501(c)3 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.

 _____ Executive Director Title	Lawrence W. Howell Print Name 04/02/2025 Date
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## 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			

\* 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



### **ATCS BOARD OF DIRECTORS**

**Dr. John Sutton**  
President Chairperson  
620 Sierra Rose Dr  
Reno, NV 89511  
Office:(775)323-1680  
Cell:(775)742-6823  
Fax:(775)323-2119  
Email: drjh@sbcglobal.net

**Stephon Jefferson**  
Vice President Chairperson  
978 Croston Springs Dr  
Sparks, NV 89436  
Cell: (814)615-8288  
Email:  
Stefphon25@outlook.com

**Vicky Sauer-Lamb**  
Treasurer  
1795 Caughlin Creek Rd  
Reno, NV 89519  
Home:(775)392-0825  
Cell:(775)721-2187  
Email:  
woolly2306@charter.net

**Kimberly Anastassatos-Welker**  
Secretary  
1200 Chance Lane  
Reno, NV 89521  
Cell: (775) 233-7205  
Email: kwelker@unr.edu  
kimanastassatos@yahoo.com

**Debby Liberman**  
Member  
1694 Mackland Ave.  
Minden, NV 89423  
Cell: (530) 515-5555  
Email:  
debby.kamali@gmail.com

**Regina Ford**  
Member  
507 E. Adams Ave.  
Orange, CA 92867  
Cell: (775)230-5660 Email:  
reginaford@rocketmail.com

### **ATCS BOARD CONSULTANTS**

**Fernando Serrano**  
Board Monitor  
1340 Thompson St.  
Carson City, NV 89703  
Office: (775) 883-6999  
Cell: (775) 881-8826  
Email: 4fserrano@gmail.com

**Ernie Adler**  
Legal Consultant  
412 N. Division Street  
Carson City, NV 89703  
Office: (775) 883-5149  
Fax: (775) 882-6114  
Email:  
Eadler.kja@pyramid.net

### **ATCS MANAGEMENT**

**Ski Broman**  
Chief Executive Officer  
Work:(775)392-2612  
Cell:(775)721-2970  
Email: ski.broman@rop.com

**Lawrence Howell**  
Chief Administrative Officer/  
Executive Director  
Work:(775)267-9411  
Cell:(775)721-2972  
Email:  
lawrence.howell@rop.com

**CJ Bower**  
Chief Financial Officer  
Work:(775)267-9411  
Cell:(775)720-4643  
Email: cjbower@rop.com

**Jennifer Stoops**  
Corporate Business  
Manager  
Work:(775)392-2659  
Email:  
Jennifer.stoops@rop.com

RITE OF PASSAGE ADOLESCENT TREATMENT CENTERS AND SCHOOLS IS A NON-PROFIT ORGANIZATION; THEREFORE, THE BOARD HAS 0 (ZERO) PERCENT OF DIRECT AND/OR INDIRECT OWNERSHIP.

**RITE OF PASSAGE ADOLESCENT TREATMENT CENTERS AND SCHOOLS, INC.**

*"Dedicated to Improving the Lives of Youth"*

2560 BUSINESS PARKWAY, SUITE B • MINDEN, NV 89423 • 775-267-9411 • FAX 775-267-9420