

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:				7		
Corporate/Business Entity Name: AAC Las Vegas Outpatient Center LLC (Tax ID 90-1035381 / NPI 1164811121)						
(Include d.b.a., if applicable) Desert Hope Outpatient Center						
Street Address: 500 Wilson Pike Circle, Suite 360			Website: americanaddictioncenters.com			
City, State and Zip Code: Brentwood, TN 37027-3266			POC Name: Claire Vitualla			
			Email: managedcarecontracting@contactaac.com			
Telephone No: (615) 237-6258			Fax No: (615) 807-3842			
Nevada Local Street Address: 3441 S Eastern Ave			Website: americanaddictioncenters.org/treatment-centers/desert-hope/outpatient-las-vegas			
(If different from above)						
City, State and Zip Code: Las Vegas, NV 89169-3314			Local Fax No:			
Local Telephone No: (702) 545-6444			Local POC Name: Kristin Berg, Facility Executive Director			
			Email: kberg@contactaac.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).

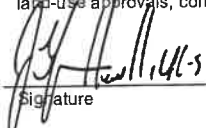
Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
American Addiction Centers Inc	FEIN: 20-8623320	100%

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.


 Signature
 SVP, Operations
 Title

J. Tyler Harrell
 Print Name
 01/29/2025
 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			

* 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:

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- 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?

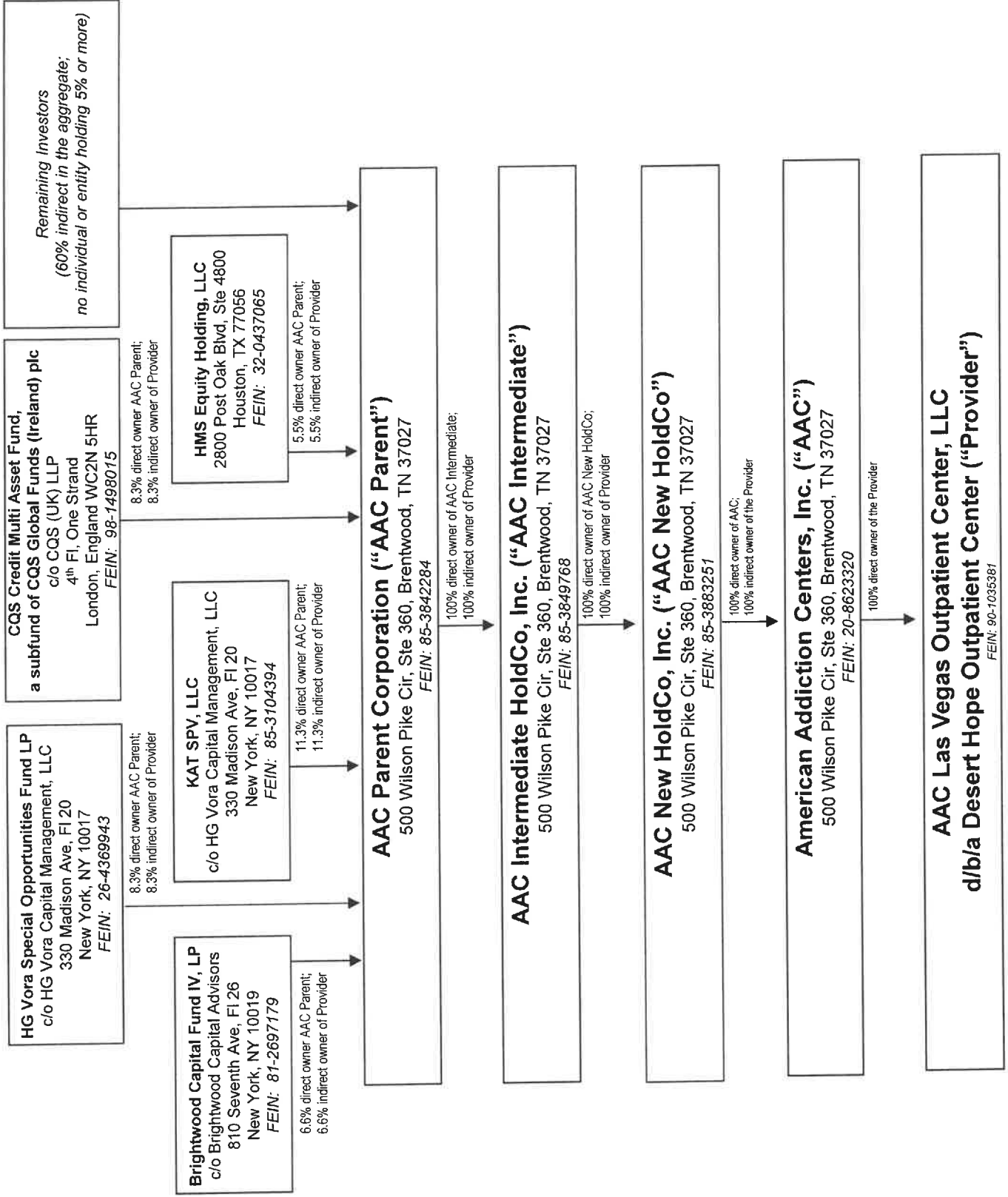
Notes/Comments:

Signature

Print Name
Authorized Department Representative

**Direct/Indirect Owners (5% or more)
of**

AAC Las Vegas Outpatient Center, LLC



Level 5
Indirect Owners
of the Provider

Level 4
Indirect Owner
of the Provider

Level 3
Indirect Owner
of the Provider

Level 2
Indirect Owner
of the Provider

Level 1
Direct Owner
of the Provider

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 checked="" 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:				176		
Corporate/Business Entity Name: Charleston Residential Services, LLC						
(Include d.b.a., if applicable) Crossroads of Southern Nevada						
Street Address:		2121 W Charleston Blvd		Website: crossroadsofsonv.com		
City, State and Zip Code:		Las Vegas, NV 89102		POC Name: James June Email: James.J@crossroadsofsonv.com		
Telephone No:		702 382-7746		Fax No: 725 237-9661		
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)
William McNeal	Board Chair	45.91
Stuart Engs	Board Member	12.74
Gerald Bell	Board Member	16.11

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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)?
 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.)
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 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.

Lori McGowne
Signature

Digitally signed by Lori McGowne
Date: 2024.05.28 12:38:40 -0700

Lori McGowne
Print Name

Chief Financial Officer
Title

5/28/2024
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			

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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

Crossroads of Southern Nevada Stock Ownership Percentage

Year Ending 12-31-2024

Full Name	Title	% Owned
William McNeal	Board Chair	45.91%
Stuart Engs	Board Member	12.74%
Gerald Bell Jr.	Board Member	16.11%
Jeffrey Iverson	CEO, Board Member	7.14%
Garrett S Law	Stockholder	5.36%

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
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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:				133		
Corporate/Business Entity Name: Concorde Treatment Center LLC (Tax ID 90-0796483 / NPI 1275879199)						
(Include d.b.a., if applicable) Desert Hope Center						
Street Address:		500 Wilson Pike Circle, Suite 360		Website: americanaddictioncenters.org		
City, State and Zip Code:		Brentwood, TN 37027-3266		POC Name: Claire Vitualla		
Telephone No:		(615) 239-6258		Email: managedcarecontracting@contactaac.com +		
Nevada Local Street Address:		2465 E Twain Ave		Website: americanaddictioncenters.org/treatment-centers/desert-hope		
(If different from above)						
City, State and Zip Code:		Las Vegas, NV 89121-4011		Local Fax No: (702) 431-4406		
Local Telephone No:		(702) 431-4345		Local POC Name: Kristin Berg, Facility Executive Director		
				Email: kberg@contactaac.com +		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
American Addiction Centers Inc	FEIN: 20-8623320	100%

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 Signature
 SVP, Operations
 Title

J. Tyler Harrell
 Print Name
 1/29/2025
 Date

DISCLOSURE OF RELATIONSHIP

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(Mark N/A, if not applicable.)

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n/a			

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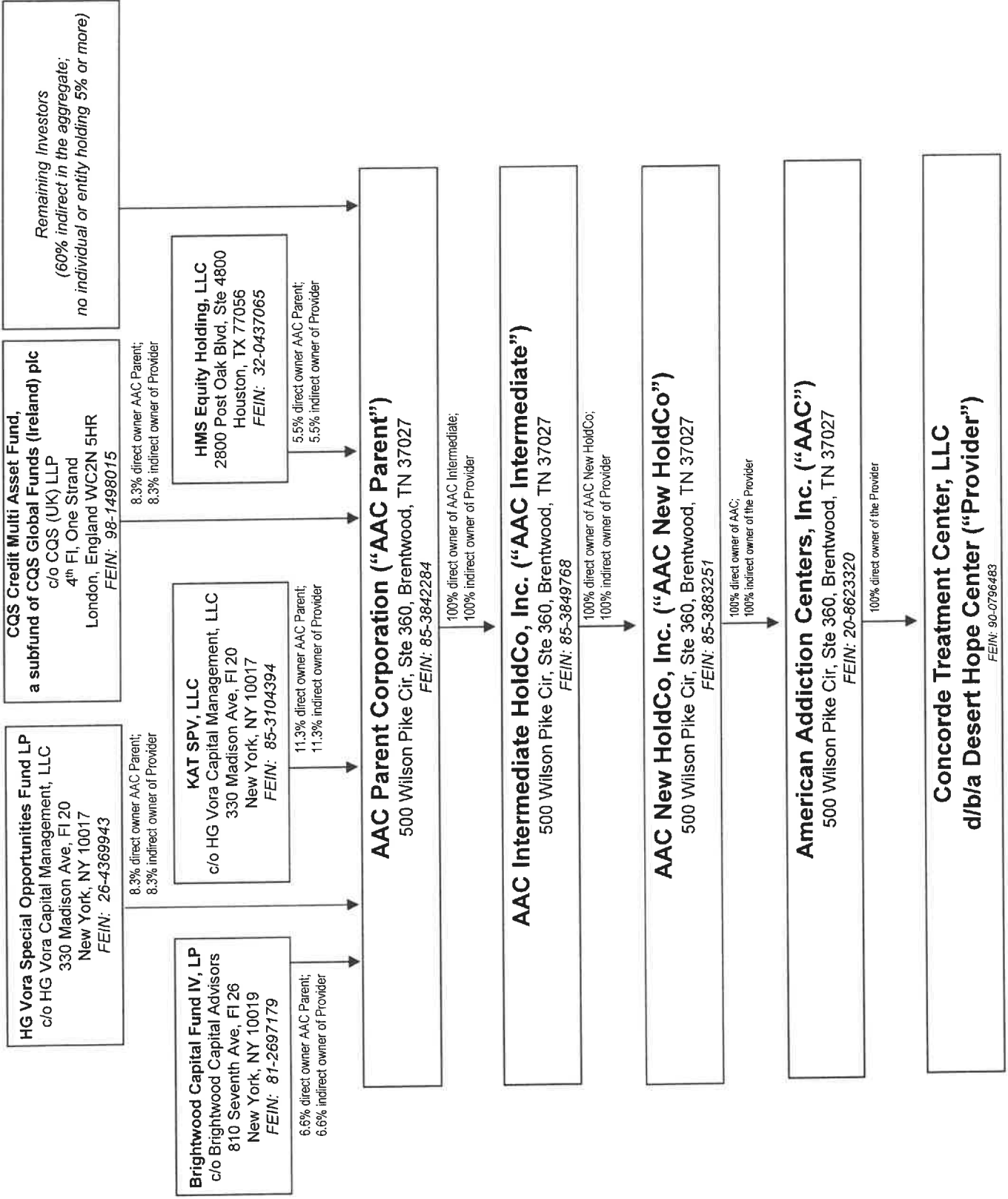
Notes/Comments:

Signature

Print Name
Authorized Department Representative

Direct/Indirect Owners (5% or more)
of

Concorde Treatment Center, LLC



Remaining Investors
(60% indirect in the aggregate;
no individual or entity holding 5% or more)

Level 5
Indirect Owners
of the Provider

Level 4
Indirect Owner
of the Provider

Level 3
Indirect Owner
of the Provider

Level 2
Indirect Owner
of the Provider

Level 1
Direct Owner
of the Provider

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
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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: 24						
Corporate/Business Entity Name: Freedom House Sober Living Inc						
(Include d.b.a., if applicable) Freedom Behavioral Health						
Street Address: 3852 Palos Verdes St			Website: WWW.Freedomhousesoberliving			
City, State and Zip Code: Las Vegas NV 89119			POC Name: Syndee Shaul			
			Email: Syndee@Freedomhouselv.com			
Telephone No: 702-523-7585			Fax No: 702-485-1210			
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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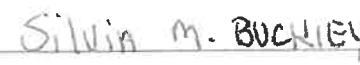
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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Silvia Buckley	President	Non Profit
Jeffrey Iverson	Secretary	Non Profit
Gerald Bell	Treasurer	Non Profit
Brad Marlon	Director	Non Profit

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)?
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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.

 Signature	Silvia Buckley Print Name	 Silvia M. BUCKLEY
President Title	06/18/2024 Date	

DISCLOSURE OF RELATIONSHIP

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

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NA			

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- 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

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
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Business Designation Group (Please select all that apply)						
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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:				80		
Corporate/Business Entity Name: Virtue Recovery Las Vegas, LLC						
<i>(Include d.b.a., if applicable)</i>						
Street Address:		5850 Canoga Ave., Suite 130		Website: www.virtuerecoverycenter.com		
City, State and Zip Code:		Woodland Hills, CA 91367		POC Name: Gevork Boyadzhyan Email: george@virtuerc.com		
Telephone No:		818 916-8116		Fax No: 818 928-0042		
Nevada Local Street Address: <i>(If different from above)</i>		2585 Montessori St.		Website: www.virtuerecoverycenter.com		
City, State and Zip Code:		Las Vegas, NV 89117		Local Fax No: 818 928-0042		
Local Telephone No:		770 655-8421		Local POC Name: Gavin Pittaluga Email: gavin.pittaluga@virtuerc.com		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Gevork Boyadzhyan	Chief Executive Officer	100%

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Gevork Boyadzhyan

Signature

CEO

Title

Gevork Boyadzhyan

Print Name

July 1, 2024

Date

DISCLOSURE OF RELATIONSHIP

List any disclosures below: **NOT APPLICABLE**
 (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

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Notes/Comments:

Signature

Print Name
Authorized Department Representative