

## 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>                  |                                      |                                                    |                                           | 22                                 |                                                             |                                |
| <b>Corporate/Business Entity Name:</b> Lutheran Social Services of Nevada |                                      |                                                    |                                           |                                    |                                                             |                                |
| <b>(Include d.b.a., if applicable)</b>                                    |                                      |                                                    |                                           |                                    |                                                             |                                |
| <b>Street Address:</b>                                                    |                                      | 4323 Boulder Highway                               |                                           | <b>Website:</b> www.lssnv.org      |                                                             |                                |
| <b>City, State and Zip Code:</b>                                          |                                      | Las Vegas, NV 89121                                |                                           | <b>POC Name:</b> Tristan Hightower |                                                             |                                |
|                                                                           |                                      |                                                    |                                           | <b>Email:</b> tristan@lssnv.org    |                                                             |                                |
| <b>Telephone No:</b>                                                      |                                      | 702-639-1730                                       |                                           | <b>Fax No:</b> 702-547-3558        |                                                             |                                |
| <b>Nevada Local Street Address:</b>                                       |                                      |                                                    |                                           | <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<br>Corporations/Non-profit organizations) |
|-----------|-------|----------------------------------------------------------------------------------------|
| N/A       | N/A   | N/A                                                                                    |
|           |       |                                                                                        |
|           |       |                                                                                        |

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?**

☐ Yes ☒ No

1. 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.)

2. 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

CEO

Title

Print Name

ARMENA MKHITARYAN

Date

7/26/2022

## 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                                 | 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)

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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



LUTHERAN SOCIAL SERV

## LEADERSHIP

**Board President**  
Chad Kaercher

**Vice President**  
Kelly Peterson

**Treasurer**  
Robert Newman

**Secretary**  
Hena Shakir

**Board Members**  
Shawn Davis  
Nico Johnson  
Kent Larson  
Doreen Lee  
Pr. Don Lorfing  
Charly Paelinck  
Heather Potvin  
Andrea Vigil

Armena  
Mkhitarian  
Executive  
Director

## LSSN Board of Directors 2022

### Board Officers

**Board President**  
Chad Kaercher  
AVP, Entertainment, Hospitality, and Gaming  
Marsh Insurance Broker  
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**Board Vice President**  
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**Board Secretary**  
Ms. Hena Shakir  
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**Board Treasurer**  
Mr. Robert Newman  
Client Relationship Officer  
Bank of George  
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Las Vegas, NV 89121

Phone: (702) 639-1730  
Fax: (702) 547-3558

Website: [www.lssnv.org](http://www.lssnv.org)  
EIN #: 86-0845241

## Board Members

### **Mr. Shawn Davis**

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### **Mr. Kent Larson**

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### **Ms. Doreen Lee**

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### **Mr. Charly Paelinck**

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