

## 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 checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input 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>						
<b>Corporate/Business Entity Name:</b>		UMR, Inc.				
<i>(Include d.b.a., if applicable)</i>						
<b>Street Address:</b>		115 W.Wausau Ave.		<b>Website:</b> umr.com		
<b>City, State and Zip Code:</b>		Wausau, WI 54401		<b>POC Name:</b>		
<b>Telephone No:</b>				<b>Email:</b>		
<b>Nevada Local Street Address:</b>				<b>Fax No:</b>		
<i>(If different from above)</i>				<b>Website:</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 <small>(Not required for Publicly Traded Corporations/Non-profit organizations)</small>
United Healthcare Services, Inc.	Minnesota corporation	n/a

**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.

Scott Hogan  
 Signature  
President & CEO, UMR  
 Title

Scott Hogan  
 Print Name  
7/27/2021  
 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

\* 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

## 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 checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input 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>						0
<b>Corporate/Business Entity Name:</b> United HealthCare Services, Inc.						
<i>(Include d.b.a., if applicable)</i>						
<b>Street Address:</b>		9900 Bren Road East		<b>Website:</b>		
<b>City, State and Zip Code:</b>		Minnetonka, MN 55343		<b>POC Name:</b>		
<b>Telephone No:</b>				<b>Email:</b>		
<b>Nevada Local Street Address:</b>				<b>Website:</b>		
<i>(if different from above)</i>						
<b>City, State and Zip Code:</b>				<b>Local Fax No:</b>		
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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
UnitedHealth Group Incorporated	Delaware corporation (publicly traded as UHN)	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.)
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 \_\_\_\_\_  
 Assistant Secretary  
 Title

Heather A. Lang  
 \_\_\_\_\_  
 Print Name  
 August 24, 2020  
 \_\_\_\_\_  
 Date

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

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N/A			

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Signature

\_\_\_\_\_  
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
<b>Number of Clark County Nevada Residents Employed:</b> <span style="float: right;">0</span>						
<b>Corporate/Business Entity Name:</b> UnitedHealth Group Incorporated						
<i>(Include d.b.a., if applicable)</i>						
<b>Street Address:</b>		9900 Bren Road East		<b>Website:</b> unitedhealthgroup.com		
<b>City, State and Zip Code:</b>		Minnetonka, MN 55343		<b>POC Name:</b>		
<b>Telephone No:</b>		(952) 936-1733		<b>Email:</b>		
<b>Telephone No:</b>		(952) 936-1733		<b>Fax No:</b> (952) 936-1745		
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UnitedHealth Group Incorporated	A Delaware publicly-traded corporation	N/A

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 \_\_\_\_\_  
 Signature

Faraz Choudhry  
 \_\_\_\_\_  
 Print Name

Assistant Secretary  
 \_\_\_\_\_  
 Title

August 24, 2020  
 \_\_\_\_\_  
 Date

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N/A			

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\_\_\_\_\_  
Signature

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

# UNITEDHEALTH GROUP

## Board of Directors

### **Richard T. Burke**

Lead Independent Director  
UnitedHealth Group  
Director since 1977

### **Timothy P. Flynn**

Retired Chairman  
KPMG International  
Director since 2017

### **Stephen J. Hemsley**

Chairman of the Board  
UnitedHealth Group  
Director since 2000

### **Michele J. Hooper**

President and Chief Executive Officer  
The Directors' Council  
Director since 2007

### **F. William McNabb III**

Former Chairman and Chief Executive Officer  
The Vanguard Group, Inc.  
Director since 2018

### **Valerie Montgomery Rice, M.D.**

President and Dean  
Morehouse School of Medicine  
Director since 2017

### **John H. Noseworthy, M.D.**

Former Chief Executive Officer and President  
Mayo Clinic  
Director since 2019

### **Gail R. Wilensky, Ph.D.**

Senior Fellow  
Project HOPE  
Director since 1993

### **Sir Andrew P. Witty**

Chief Executive Officer  
UnitedHealth Group  
Director since 2021

## Committee Membership

### **Audit**

F. William McNabb III (Chair)  
Richard T. Burke  
Michele J. Hooper

### **Compensation and Human Resources**

Timothy P. Flynn (Chair)  
John H. Noseworthy, M.D.  
Gail R. Wilensky, Ph.D.

### **Nominating and Corporate Governance**

Michele J. Hooper (Chair)  
Richard T. Burke  
F. William McNabb III

### **Public Policy Strategies and Responsibility**

Gail R. Wilensky, Ph.D. (Chair)  
Valerie Montgomery Rice, M.D.  
John H. Noseworthy, M.D.

Lead Independent Director, Richard Burke, is an ex officio member of each Committee where he is not a formal member.