

**INDIANA ECONOMIC IMPACT - PROPOSALS AND CONTRACTS**

State Form 51778 (R4 / 1-06)

DEPARTMENT OF ADMINISTRATION

Approved by State Board of Accounts, 2006

This information is required by the Indiana Department of Administration for all contractors, vendors/suppliers to the State of Indiana (complete all 22 items).

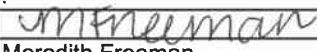
|    |   |                                     |
|----|---|-------------------------------------|
| 1  | Legal Name of firm:   | Developmental Services, Inc.        |
| 2  | Address/City/State/Zip Code:  | 2920 10th Street Columbus, IN 47201 |
| 3  | Telephone #/Fax #/Website:  | 812-376-9404                        |
| 4  | Federal Tax Identification Number:  | 82-2656495                          |
| 5  | State/Country of domicile/incorporation:  | Indiana/USA                         |
| 6  | Location of firm's headquarters or principal place of business:   | 2920 10th Street Columbus, IN 47201 |
| 7  | Name of parent company or holding company (if applicable):  | Diversified Solutions, Inc.         |
| 8  | State/Country of domicile/incorporation of company listed in #7:  | Indiana/USA                         |
| 9  | Address of company listed in #7:  | 2920 10th Street Columbus, IN 47201 |
| 10 | IN Department of Workforce Development (DWD) account number:  | 23864                               |
| 11 | IN Department of Revenue (DOR) account number:  | 0002156563-001                      |
| 12 | Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:                       | 1,215                               |
| 13 | Total number of employees per most recently completed IRS Form W-2 distribution:                                  | 1,215                               |
| 14 | Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution: | \$14,963,277.35                     |
| 15 | Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:          | \$14,963,277.35                     |
| 16 | Total amount of this proposal, bid, or current contract:  | \$2,665,000.00                      |

**ACCOUNTING OF INDIANA RESIDENT EMPLOYEES**

|    |                                |                              |
|----|--------------------------------|------------------------------|
| 17 | Prime Contractor Company Name: | Developmental Services, Inc. |
|----|--------------------------------|------------------------------|

|    |  |        |
|----|--|--------|
| 18 | <b><u>Number of Full Time Equivalent (FTE) employees</u></b><br>that are Indiana residents specifically for this proposal or contract: | 840.00 |
|----|--|--------|

|    |  |  |   |  |   |
|----|--|--|---|--|---|
| 19 | <b><u>Subcontractor Company Name:</u></b>  | Wabash Center  | Arc of Wabash   | Hillcroft  | Carey Services  |
| 20 | Address/Contact Person/Telephone Number/Tax ID Number:   | Ann Martin 2000 Greenbush Street Lafayette, IN 47904 765-423-5531 35-1115916 | Mary Ogle 595 South Miami Street Wabash, IN 46992 260-563-8411 35-1095971 | Leeann Rector 501 West Air Park Muncie, IN 47303 765-284-4166 35-1041919 | Tim Kendrick 2724 South Carey Street Marion, IN 46953 765-668-8961 35-0965642 |
| 21 | <b><u>Number of Full Time Equivalent (FTE) employees</u></b><br>that are Indiana residents specifically for this proposal or contract: | 693.00   | 102.00  | 260.00   | 408.00  |

|    |  |   |  |  |  |
|----|--|---|--|--|--|
| 22 | <b><u>Affirmation by authorized official:</u></b> I affirm under penalties of perjury that the foregoing representations are true to be the best of my knowledge and belief: |   |  |  |  |
|    | Signature:   |  |  |  |  |
|    | Name of auththorized official:   | Meredith Freeman  |  |  |  |
|    | Title:   | Senior Vice President   |  |  |  |
|    | Date:  | 1/17/2024   |  |  |  |