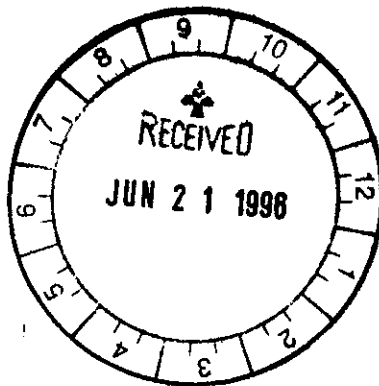


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**TWENTY FIFTH
ANNIVERSARY**

To The Secretary of Labor:

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly-compensated employees, specified in Department of Labor Regulations, 29 CFR sec. 2520.104-23, the following information is provided by the undersigned administrator:

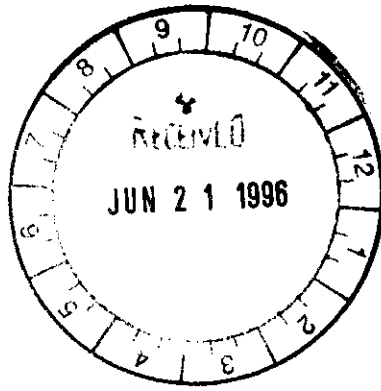
- (1) The name of the employer is: **Oakridge Neighborhood Services**
- (2) The mailing address of the employer is: **1236 Oakridge Drive
Des Moines, IA 50314-2100**
- (3) The Employer Identification Number is: **42-1311721**
- (4) The above-named employer maintains a plan primarily for the purpose of providing deferred compensation benefits for a select management employee.
- (5) Number of Plans and Participants in each plan: 1 plan covering 1 employee.
- (6) The employer will provide a copy of the agreement to the Secretary of Labor upon request.

OAKRIDGE NEIGHBORHOOD SERVICES

By


Philip D. Reeves, President (Plan Administrator)

Dated May 21, 1996.



June 7, 1996

US Department of Labor, Pension
and Welfare
Benefits Administration
815 Olive
Room 338
St. Louis, MO 63101

Dear Sir or Madam:

Enclosed is the required form to be submitted in compliance with the federal requirements.

Please file appropriately. If you have any questions please call me at (515) 244-7730.

Sincerely,

Susan L. Klus
Susan L. Klus
Development Operations Assistant

DOL-PWBA	
ST. LOUIS	
JUN 12 1996	
ASSIGNED	NOTED