

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR
A NONQUALIFIED DEFERRED COMPENSATION PLAN 11/12/00

To: Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
US Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

In accordance with 29 CFR Section 2520.104-23 of the Department of Labor Regulations, which provides an alternative method for complying with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974, you are hereby notified that the Employer identified below maintains the Plan identified below for the purpose of providing deferred compensation for a select group of management employees and that all benefits provided by this Plan are paid as needed solely from the general assets of that Employer.

Employer's Name: Senior Community Services

Employer's Address: 10709 Wayzata Blvd., Suite 111

Minnetonka, Minnesota 55305

Employer's Identification Number: 41-0720473

457(b) Deferred Compensation Plan, which covers 4 Participants.

Total Number of Plans: 1

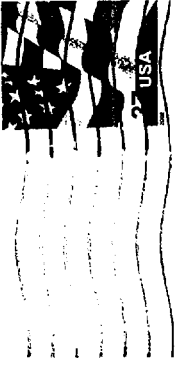
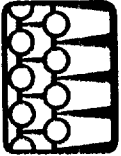
Senior Community Services Executive Director
Plan Administrator of the Plan Specified Above

By: Benjamin F. Willard

Date: May 14, 2003

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SENIOR COMMUNITY SERVICES
10709 Wayzata Boulevard, Suite 111
Minnetonka, MN 55305



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