

UNITED STATES BANKRUPTCY COURT Northern District of Texas (Dallas Division)

PROOF OF CLAIM

Name of Debtor: Erickson Retirement Communities, LLC

Case Number: 09-37010

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

20835747007867
BOYCE, KAREN
11602 PISCATAWAY ROAD
CLINTON, MD 20735

YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID: s2872
AMOUNT/CLASSIFICATION
\$19,868.50 UNSECURED

Court Claim Number:
(if known)

Filed on:

RECEIVED

Name and address where payment should be sent (if different from above):

Same As Above

JAN 04 2010
BMC GROUP

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box if you are the debtor or trustee in this case.

Telephone number:

301-787-2481

1. Amount of Claim as of Date Case Filed: \$ 19,868.50

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().

Amount entitled to priority:

\$

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

2. Basis for Claim: Employee Contributions
(See instruction #2 on reverse side)

3. Last four digits of any number by which creditor identifies debtor: 52872 (7692)

3a. Debtor may have scheduled account as:
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other

Value of Property: \$ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ Basis for perfection:

Amount of Secured Claim: \$ Amount Unsecured: \$

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date:

1/2/2010

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

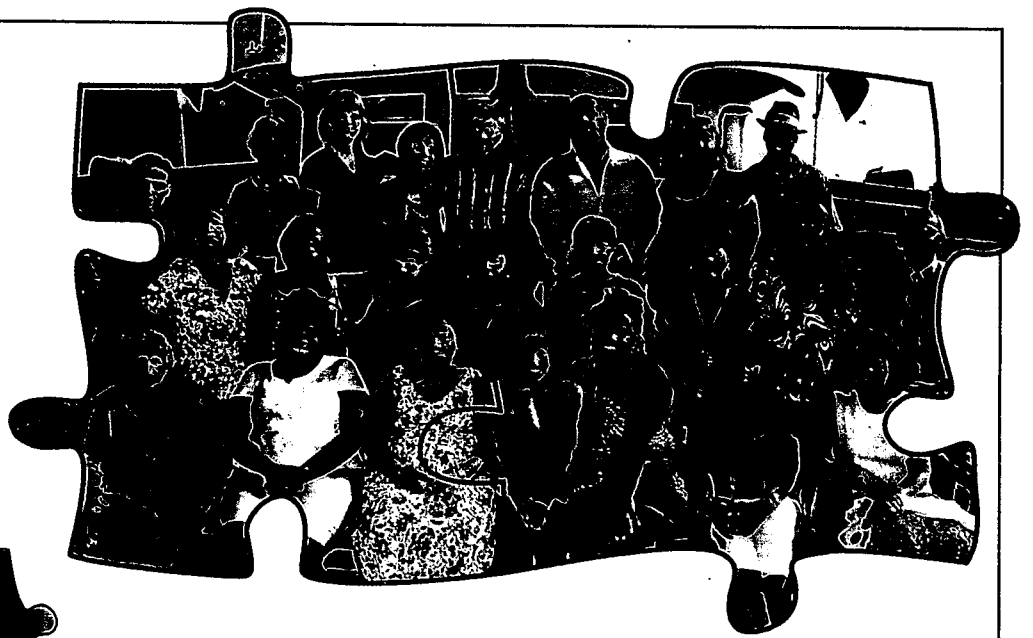
Erickson Ret. Comm. LLC



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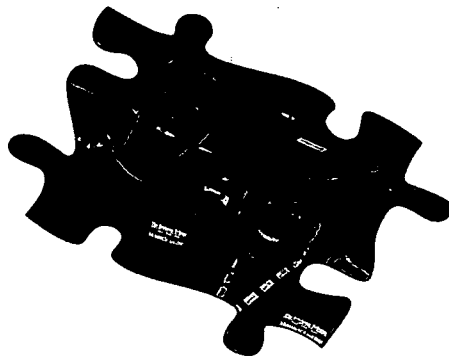
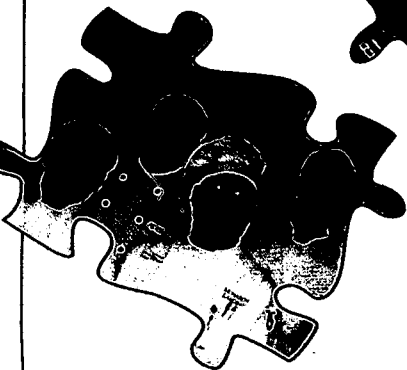
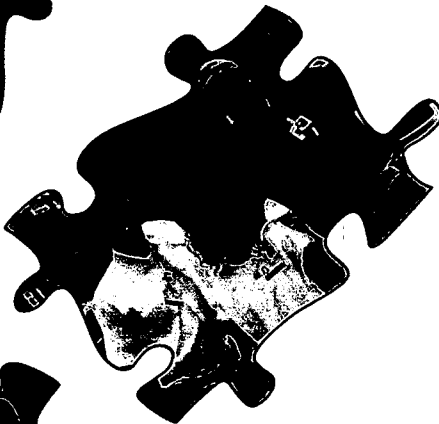
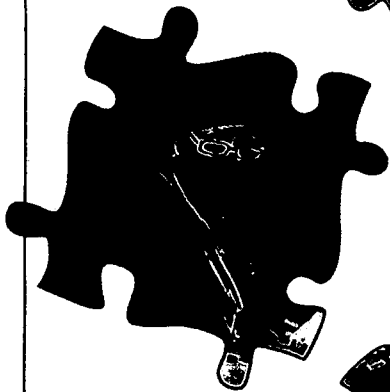
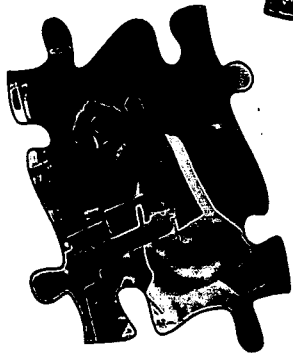
2008

Personal
Total Rewards
Statement



Company: RWV

Karen Boyce-Adams
11602 Piscataway Road
Clinton, MD 20735



PUTTING
TOGETHER YOUR
TOTAL REWARDS PUZZLE



Value of Your Total Rewards

Dear Karen:

You show dedicated passion for what we do by providing exceptional service to our residents and to each other. Your contributions make positive differences in many lives and I am grateful for the way you embrace the Erickson values and mission.

2008 brought major reasons to celebrate - the 25th anniversary of Charlestown and our first year being recognized in FORTUNE magazine's 2008 '100 Best Companies to Work for®'. Everyday, I continue to hear stories from residents and employees who express their gratitude for the rich opportunities we've created across the country. Together, we have created communities that are great places to live and work.

We are pleased to provide your 2008 Total Rewards Statement which summarizes both your pay and benefits as an Erickson employee. Benefits represent a significant portion of your total rewards package even though they may not be as visible as your pay. We believe that Erickson's total rewards package offers you the resources to positively impact your life and the lives of your family, both today and tomorrow.

This personal statement shows your benefit enrollments and Erickson's cost to provide you with coverage. Please review your statement carefully and keep it with your personal records. If you have any questions about your statement or your benefits, please contact your HR Department.

Sincerely,



John C. Erickson
Chairman and CEO

FORTUNE
100 BEST
COMPANIES
TO WORK FOR 2008

Karen Boyce-Adams

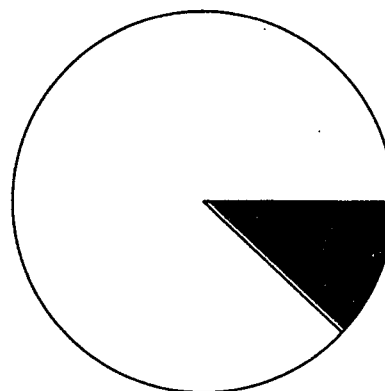
2008 Cash Compensation

Your current annual base salary	\$	91,150
Your bonus amount.....	\$	8,448
Your GPP distributions.....	\$	15,741
Your Total Estimated 2008 Cash Compensation.....	\$	115,339

Note: Your actual 2008 cash compensation may be different than the above projection. Bonuses and GPP distributions are as of 8/1/08. Bonuses may include performance bonuses and special distributions.

Putting The Pieces Together -- The Rewards of Working at Erickson

Direct Pay: 88%



Benefits: 12%

This pie chart illustrates the contribution Erickson's benefits make to your total compensation.

Your Benefits	Your Estimated 2008 Contribution	Erickson's Estimated 2008 Contribution
Medical Insurance.....	\$ 3,725	\$ 8,630
Dental Insurance.....	\$ 322	\$ 417
Basic Life and AD&D Insurance.....	\$ 0	\$ 81
Short Term Disability.....	\$ 1,186	\$ 0
Long Term Disability.....	\$ 0	\$ 538
Retirement Savings Plan*.....	\$ 0	\$ 160
Social Security and Other Statutory Benefits.....	\$ 6,459	\$ 6,515
Total Value of Your Benefits.....	\$ 11,692	\$ 16,341
Your Estimated 2008 Cash Compensation.....	\$	115,339
Your Total Compensation.....	\$	131,680

About This Statement

Every effort has been taken to assure that the information contained in this statement is accurate; however, no warranty or guarantee is implied or intended. Company contributions are based on the benefit plan provisions, your current base pay rate annualized as of 8/1/2008, and assumes fully insured status under Social Security. If a discrepancy is found to exist between this statement and the benefit booklets, summary plan descriptions or contracts, the provisions of the latter documents will govern.

Healthcare Coverage

Erickson recognizes the value to you of financial protection from the high cost of healthcare. For this reason, Erickson provides you with the opportunity for you and your family to enroll in medical and dental programs through company-sponsored plans.

Medical

Erickson provides you and your family the opportunity to enroll in one of two health plans:

You are currently enrolled in the Standard Option Medical Plan with Employee + Spouse coverage.

Dental

Erickson offers your choice of two dental plans through MetLife.

You are currently enrolled in the Standard Option Dental Plan with Employee + Spouse coverage.

Disability Income

Short Term Disability

You may purchase coverage in the amount of 60% of your bi-weekly salary with a maximum benefit of \$2,000 bi-weekly. For off-the-job injuries or illnesses, benefits begin after 14 days of total disability and benefits may be paid up to 6 months.

You are currently enrolled in the Short Term Disability Plan. Based on your current base salary, your bi-weekly benefit is estimated to be \$2,000.

Long Term Disability

Erickson provides Long Term Disability (LTD) coverage at no cost to you. In the event you have an illness or disability lasting longer than six months, you may be eligible to receive 60% of base earnings, up to a maximum of \$5,000 a month. You are automatically enrolled in the LTD plan after one year of continuous service. Benefits are payable after 180 days from the date of your disability.

Survivor Protection

Life Insurance and AD&D

Erickson provides basic life and accidental death and dismemberment (AD&D) insurance coverage at no cost to you. Additional coverage may be purchased through our voluntary plan offered at low group rates.

Basic Life and AD&D

Erickson provides you with a basic group term life insurance benefit equal to \$50,000. The coverage amount is your annual salary rounded to the next higher thousand up to a maximum of \$50,000. Accidental Death and Dismemberment (AD&D) coverage is included at the same amount.

Optional Life

You may purchase supplemental life insurance for yourself equal to 1 or 2 times your basic annual earnings, up to \$150,000. You may also purchase \$10,000 of coverage for your spouse/partner and coverage for your children is available in units of \$5,000 to a maximum of \$25,000.

Optional AD&D

Supplemental AD&D benefits are payable in the event of serious injury or death as the result of an accident. You may purchase coverage for yourself or your entire family at one of the following levels: \$25,000, \$50,000, \$100,000 or \$150,000.

Work/Life Benefits

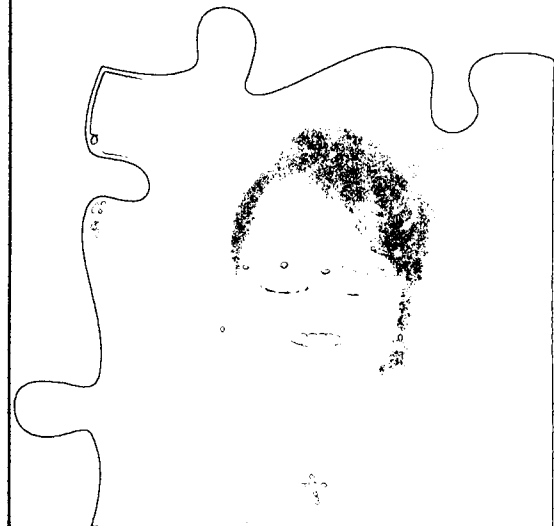
Flexible Spending Accounts: Through the Flexible Spending Accounts (FSA) Plan you are able to set aside pre-tax dollars to pay for unreimbursed medical/dental bills and child care expenses. ***For the 2008 plan year you have elected not to participate. You may want to consider enrolling in the future.***

Paid Time Off (PTO): Accrued PTO may be taken after six months of service. Accrued PTO in excess of 1.5 times your annual accrual will convert to ELB on your anniversary date. ***You are currently accruing 26 PTO days per year.***

Extended Leave Bank (ELB): Extended leave time is used for illness exceeding 24 hours (3 consecutive workdays). Full time employees accrue 6 days per year and part time employees accrue 4.8 days per year.

Holidays: Full time employees are eligible for 7 paid holidays a year. These days include: New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.

Bereavement: Bereavement leave is available to all full time employees upon hire. Up to three days may be granted for the death of an immediate family member or the loss of one of your spouse/partner's immediate family members. Check your employee handbook for information on specific relationships.



Retirement Benefits

401(k) Plan

Through the 401(k) Plan, you and Erickson work as partners to help build your financial security for retirement;

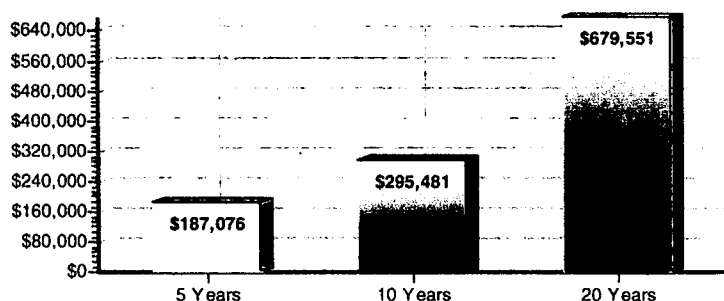
- Through your pre-tax contributions
- After one year of service (minimum 1000 hours worked), through Erickson's dollar-for-dollar matching contribution (up to 5% of your compensation)*
- Through the investment growth of your total account

Your total account balance as of 8/1/08 was \$113,027. As of 8/1/08 you were not participating in the plan.

**You are always 100% vested in your contributions. Please refer to the Plan document for vesting schedule on company matching contributions.*

The Future Value of Your 403(b) Account

The chart below shows the potential value of your account in the years ahead if you were to contribute 5% of your base salary starting this year. These estimates are based on 3% annual salary increase and 7% annual investment return. These estimates and account values are not guaranteed.



Social Security

Social Security is intended to replace between 20% to 40% of your final year's pay at retirement. You and Erickson share equally in the cost of Social Security taxes. In 2008, you and Erickson will each pay an estimated \$6,459 to the Social Security Administration.

Every year, the Social Security Administration sends a Social Security Statement to workers and former workers aged 25 and older. It includes a summary of the estimated benefits you and your family may receive as a result of your earnings. The statement gives you the opportunity to see if your account has been properly credited each year.

The Social Security Administration may be reached at 800-772-1213.

Additional Benefits

Growth Participation Plan

As a key employee you are eligible to participate in the Growth Participation Plan (GPP). The GPP is a long term incentive plan that has been established to allow you to share in the success of the company. When considering your total cash compensation, remember to include the value of your units in the plan as well as the distributions you may receive, and the value of the units in the new GPP which began in 2006. Detailed GPP statements are issued annually.

Your original GPP remaining value is \$13,869. Your estimated annual distribution (without interest) is \$13,869. You are fully vested in the original GPP after five years of full-time service.

The accumulated value of your new GPP unit grant(s) is \$6,000. You are fully vested in the new GPP after four years of full time service.

Education Assistance

After 3 months of service, Erickson will reimburse you up to \$4,500 per year for eligible educational expenses (tuition, registration and fees) for full time employees and up to \$3,000 per year for part time employees working 30 or more hours a week. You may request payment be made in advance.

Employee Help Line

The Help Line provides you and your family with private short term and confidential counseling. Help is also available for personal concerns such as family or marital issues, parenting issues, life changes, conflict resolution, drug and/or alcohol abuse, emotional or behavioral difficulties, child care referrals, legal and financial issues and many other topics. Phone consultations are available 24 hours a day, 7 days a week. Call (888) 300-0431 or visit the web site at www.lifebalance.net (our company ID is **erc** and our password is **2760**) for details. Erickson will have no knowledge of your use of the Help Line.