DEPARTMENT OF THE AUDITOR GENERAL — FORM AG-385

MUNICIPAL PENSIONS AND FIRE RELIEF PROGRAMS UNIT

GERTIFICATION FOR FOREIGN FIRE INSURANCE TAX DISTRIBUTION & GENERAL MUNICIPAL PENSION SYSTEM STATE AID

THIS CERTIFICATION MUST BE RETURNED ON OR BEFORE MARCH 31, 2015

IMPORTANT: ***PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS CERTIFICATION!!!***

SECTION A. CERTIFICATION OF FIRE PROTECTION

THE RESPONSES PROVIDED IN THIS SECTION MUST BE VALIDATED BY SUPPORTING DOCUMENTATION WHICH MUST BE MAINTAINED BY THE MUNICIPALITY AND WILL BE SUBJECT TO AUDIT BY THE DEPARTMENT.

1. [✓] Our municipality is serviced **SOLELY** by **VOLUNTEER FIREFIGHTERS.**
2. [ ] Our municipality is serviced **SOLELY** by **PAID FULL-TIME FIREFIGHTERS.**
3. [ ] Our municipality is serviced by both **PAID FULL-TIME FIREFIGHTERS** and **VOLUNTEER FIREFIGHTERS.** (You must indicate the proportion of the actual fire protection provided by each on a percentage basis.) **Must equal 100%.**

PAID PROTECTION 0 % **VOLUNTEER PROTECTION** 100 % **TOTAL** 100

SECTION B. CERTIFICATION OF FULL-TIME EMPLOYEES PARTICIPATING IN MUNICIPAL PENSION PLANS

(Totals must agree with personnel roster.) If none, write "NONE."

POLICE	FIREFIGHTER	NONUNIFORMED
1a. Number of working, active, **full-time police officers** who are members of a police pension plan. **IF NONE, WRITE "NONE."**	2a. Number of working, active, **full-time firefighters** who are members of a paid firefighters pension plan. **IF NONE, WRITE "NONE."**	3a. Number of working, active, **full-time nonuniformed employees** who are members of a nonuniformed pension plan. **IF NONE, WRITE "NONE."**
served by Northern Berks Regional	NONE	6
1b. Was this **police pension plan** established on or before **12/31/84**? If no, please indicate **date police pension plan was established:**	2b. Was this **paid firefighters pension** plan established on or before **12/31/84**? If no, please indicate **date firefighters pension plan was established:**	3b. Was this **nonuniformed pension** plan(s) established on or before **12/31/84?** If no, please indicate **date nonuniformed pension plan(s) was established:**
Yes___No___ Date:_____	Yes___No___ Date:_____	Yes___No___ Date: 1995
1c. Total **full-time payroll** for calendar year **2014** for police officers reported in 1a.	2c. Total **full-time payroll** for calendar year **2014** for firefighters reported in 2a.	3c. Number of working, active, **full-time police officers or firefighters** who are members of this pension plan and **NOT** reported in **1a., 2a., or 3a.**
$	$	Police 0 Firefighters 0

False Statements made herein are punishable under 18 P.S.§ 4904 (relating to unsworn falsification to authorites).

3d. Total number of working, active, **full-time non-uniformed employees, police officers or firefighters for calendar year 2014,** who are members of this pension plan. **3a. + 3c. = 3d.**

Total 6

SECTION C. CERTIFICATION OF MUNICIPAL OFFICERS

AFFIX MUNICIPAL SEAL

_____
(Signature of Secretary/City Clerk)

( ) _____
Telephone Number

3e. Total **full-time payroll** for calendar year **2014** for members of all **nonuniformed pension plans reported in 3a. and 3c.**

$ 331,409.29

In witness whereof, the **(city, borough, township)** of _____ in the county of _____ has caused this certification to be made and executed by its **Chief Administrative Officer,** and has affixed its Official Seal, this _____ day of _____ 2015.

NOTE: AG-385 FORM WILL BE RETURNED IF MUNICIPAL SEAL AND SIGNATURES ARE NOT PRESENT!!

_____
(Signature of Chief Administrative Officer)

( ) _____
Telephone Number

RETURN ORIGINAL COMPLETED FORMS TO:
DEPARTMENT OF THE AUDITOR GENERAL
MUNICIPAL PENSIONS AND FIRE RELIEF PROGRAMS UNIT
320 FINANCE BUILDING
HARRISBURG, PENNSYLVANIA 17120

Direct all questions to Municipal Pensions & fire Relief Program Unit at 1-800-882-5073 or email at Comptroller@auditorgen.state.pa.us

Diane Hollenbach, Secretary
Township of Maidencreek
P.O. Box 319
Blandon, PA 19510
06-0108-05, 138729

2014 NONUNIFORMED PERSONNEL ROSTER

NAME OF MUNICIPALITY: Maidencreek Township COUNTY: Berks

Type of Plan: [✓] Defined Benefit [ ] Defined Contribution

Name of Plan: Maidencreek Nonuniform

Date Plan Established: 1-1-1995

If your municipality has multiple plans, you must prepare a separate roster for each eligible plan.

You may use computer-generated forms instead of this form. You must indicate all information requested. If you need additional forms you may copy this one.

** For former employees eligible for certification, please indicate status and date of release: T=TERMINATION, D=DEATH, R=RETIREMENT

*** PLEASE INDICATE "P" FOR EACH POLICE OFFICER OR "F" FOR EACH FIREFIGHTER THAT ARE MEMBERS OF THIS NONUNIFORMED PENSION PLAN

	*** P/F	EMPLOYEE NAME	2014 EMPLOYEE W-2 FULL-TIME WAGES ONLY	DATE OF BIRTH	DATE OF HIRE	**	DATE OF RELEASE	REPORT EMPLOYEE CONTRIBUTIONS ONLY 2014	ACCUMULATED
1.		Beaver, Claude	65706.81	2/15/55	2/14/13				
2.		Fox, Katelyn	37387.57	7/19/86	12/12/13				
3.		Hollenbach, Diane	71364.66	3/20/69	2/21/00				
4.		Saint, David	51376.85	2/28/85	12/16/03				
5.		Shuman, Keith	55507.70	2/23/72	5/3/95				
6.		Wolfe, Gregory	50026.70	12/31/69	3/4/13				
7.									
8.									
9.									
10.									
11.									
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18.									
19.									
20.									
21.									
22.									
		TOTALS MUST AGREE WITH COVER PAGE	$ 331409.29					$	$

RETURN FORM WITH AG-385 CERTIFICATION

(SIGNATURE OF CHIEF ADMINISTRATIVE OFFICER)

Commonwealth of Pennsylvania
Department of the Auditor General
Harrisburg, PA 17120-0018
Facebook: Pennsylvania Auditor General
Twitter: @PAAuditorGen

EUGENE A. DEPASQUALE
AUDITOR GENERAL

January 26, 2015

Diane Hollenbach, Secretary
Township of Maidencreek
P.O. Box 319
Blandon, PA 19510

DCA 06-0108-05 / SAP # 138729

Dear Ms. Hollenbach:

The Municipal Pension Plan Funding Standard and Recovery Act (Act 205 of 1984) requires Pennsylvania municipalities that wish to participate in the General Municipal Pension System State Aid Program to certify certain information to the Department of the Auditor General each year. This information includes the total number and earnings of full-time police officers, paid firefighters, and non-uniformed employees who are members of a municipal pension plan. Additionally, Act 205 requires municipalities that wish to receive a distribution of the Foreign Fire Insurance Tax to certify whether its fire protection service is provided solely by paid or by volunteer firefighters and the percentage of actual fire protection service provided by each type of firefighter.

To be eligible for an allocation of General Municipal Pension System State Aid or the Foreign Fire Insurance Tax for the year 2014, your municipality must complete the enclosed AG-385 certification form and personnel roster, which must be received by the Department of the Auditor General no later than **March 31, 2015. Be sure to review the instructions carefully prior to completing the form. Please remember that for an employee to be eligible, they must have been employed for any six (6) consecutive months during the calendar year of 2014. Please also make sure you write in the plan date if your pension plan was established after December 31, 1984.**

The certified information on form AG-385, along with data supplied by the Public Employee Retirement Commission, is used to compute your municipality's allocation of state aid for pension plans and/or volunteer firefighters' relief associations. **Therefore, your municipality must maintain supporting documentation sufficient to validate all information on form AG-385. This documentation will be subject to audit by the Department. Please be aware as well that false statements made by municipal officials on the AG-385 form may be punishable under 18 P.S. § 4904.**

We are encouraging you to complete and return the enclosed **Electronic Funds Transfer Data Sheet** which will enable electronic payments to your banking institution. Please verify the bank name, account number and routing number, as this is where the electronic transfer will go. The information shown is what is on file for your municipality/boro/township. If you have any questions, please call **1-800-882-5073** or email Comptroller@auditorgen.state.pa.us.

Sincerely,

EUGENE A. DEPASQUALE
Auditor General

Enclosures