Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A This return/report is for:
- [ ] a multiemployer plan;
- [X] a multiple-employer plan; or
- [ ] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
YORK RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/21/2002

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

FOX HILL HOLDINGS, INC.

99 CHERRY HILL ROAD SUITE 230
PARSIPPANY, NJ 07054

2b Employer Identification Number (EIN)
13-4198394

2c Sponsor's telephone number
973-541-1330

2d Business code (see instructions)
524290

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2013	DAVID PANICO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1227
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1584
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	361
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1946
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	1947
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1604
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	108
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2T 2S 2J 2G 2E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
YORK RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FOX HILL HOLDINGS, INC.

D Employer Identification Number (EIN)
13-4198394

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

VANGUARD GROUP INC.

PO BOX 2900
VALLEY FORGE, PA 19482

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
72 37 15	CONTRACT ADMINISTRATOR	7750	Yes [X] No [ ]	Yes [X] No [ ]		Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
YORK RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FOX HILL HOLDINGS, INC.

D Employer Identification Number (EIN)
13-4198394

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD RETIREMENT SAVINGS TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
23-2186884-001	C	4564518

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
YORK RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FOX HILL HOLDINGS, INC.

D Employer Identification Number (EIN)
13-4198394

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		181301
(2) Participant contributions	1b(2)		326341
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1144158	1332119
(9) Value of interest in common/collective trusts	1c(9)	3494482	4564518
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	43243765	59057378
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	47882405	65461657
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	47882405	65461657

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	3200631	
(B) Participants	2a(1)(B)	6211553	
(C) Others (including rollovers)	2a(1)(C)	1295325	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		10707509
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	45502	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		45502
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		91657
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5807567
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		16652235
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3274310	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3274310
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	7841	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		7841
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3282151
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		13370084
l Transfers of assets:			
(1) To this plan	2l(1)		4209168
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GILBERT & CALABRESE, LLC **(2)** EIN: 27-0249502

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
JI SPECIALTY SERVICES INC 401K PROFIT SHA	74-2445066	001

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

York Retirement Savings Plan
Financial Statements
December 31, 2012

York Retirement Savings Plan
Financial Statements
December 31, 2012

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Gilbert & Calabrese, LLC
Certified Public Accountants

Independent Auditors' Report

To the Plan Administrator of
The York Retirement Savings Plan
Parsippany, NJ

We were engaged to audit the accompanying financial statements of York Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011 and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 12, which was certified by Vanguard Fiduciary Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2012 that the information provided to the plan administrator by the custodian is complete and accurate.

181 Route 206, Flanders, New Jersey 07836
973-448-1099 Fax 973-448-0004

Gilbert & Calabrese, LLC

Certified Public Accountants

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental statement, Schedule H, Line 4i – Schedule of Assets (held at end of year), which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rule and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Gilbert & Calabrese, LLC

Gilbert & Calabrese, LLC
Certified Public Accountants

Flanders, New Jersey
October 9, 2013

181 Route 206, Flanders, New Jersey 07836
973-448-1099 Fax 973-448-0004

York Retirement Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2012 and 2011

Assets

	2012	2011
Investments (at fair value)		
Registered investment companies	$59,057,378	$43,243,765
Vanguard Retirement Savings Trust	4,564,518	3,494,482
	63,621,896	46,738,247
Contribution receivable	507,642	-
Notes receivable from participants	1,332,119	1,144,158
Total assets	65,461,657	47,882,405
Net assets available for benefits	$65,461,657	$47,882,405

See independent auditors' report and notes to financial statements.

York Retirement Savings Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2012

Additions	
Additions to net assets attributed to:	
Net appreciation (depreciation) in fair value	$ 4,334,320
Interest / dividend income	1,610,406
Contributions	
Participants'	6,211,553
Rollover	1,295,325
Employer's	3,200,631
Assets transferred in	4,209,168
Total additions	20,861,403
Deductions	
Deductions from net assets attributed to:	
Participant withdrawals	3,274,310
Administrative expenses	7,841
Total deductions	3,282,151
Net increase	17,579,252
Net assets available for benefits:	
Beginning of year	47,882,405
End of year	$65,461,657

See independent auditors' report and notes to financial statements.

York Retirement Savings Plan
Notes to Financial Statements
December 31, 2012

Note 1- Description of Plan

The following description of the York Retirement Savings Plan provides only general information pertaining to the Plan. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

a. General

The Plan is a defined contribution plan covering all full-time employees of Fox Hill Holdings, Inc. and its subsidiaries (the Company), who are age 18 or older. It is a multiple employer plan that allows affiliated company employees to participate in the plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

During 2012 the qualified plan maintained by a company that was acquired by Fox Hill Holdings, Inc. in December 2011 was merged into the Plan. All employees became eligible to participate in this plan as of January 1, 2012. The assets of that former plan totaling $4,209,168 were transferred into the Plan as of July 31, 2012 and are included in the statement of net assets available for benefits as of December 31, 2012.

b. Contributions

Each year, Participants are permitted to make elective deferrals in any amount from 1% up to 25% of their compensation. Newly hired employees are automatically enrolled in the Plan with an initial deferral amount of 2% which increases annually by 1%. Participants may opt-out or make changes to the deferral rate at any time. The employer contributes and allocates to an account for each Participant who has completed less than five years of service an amount equal to 50% of the first 6% of the Participant's Compensation, to the extent deferred. For each Participant who has completed five or more years of service an amount equal to 100% of the first 6% of the Participant's Compensation, to the extent deferred.

c. Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contributions and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

d. Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. There is no vesting for the first three years of service, a participant is 100 percent vested after three years of credited service or upon reaching normal retirement age, or in the event of death or disability.

Note 1- Description of Plan (Cont'd)

e. Investment Options

Upon enrolling in the Plan, a participant may direct contributions in one percent increments in any of the investment options offered through Vanguard under a pooled separate account arrangement. Thereafter the participant may change investment options or allocation of invested balance directly with Vanguard.

f. Participant Loans

Participants may borrow from their fund accounts up to 50 percent of their vested balances to a maximum of $50,000. Loan terms range from 6 months to 15 years and are secured by the balance in the participant's account and bear interest at a rate of prime plus 1% in effect at the time the loan is processed. Principal and interest is paid ratably through participant's payroll deductions.

g. Payment of Benefits

As soon as administratively feasible, following the date on which a distribution is requested or is otherwise payable the participant will receive the value of the vested interest in their account as a lump-sum distribution. If the participant is still active in the Plan upon reaching normal retirement age of 65, the participant may elect to receive the value of the vested interest in their account as a lump-sum distribution. Active participants are permitted to withdraw elective deferrals upon attaining age 59½ or on account of certain qualifying hardships.

h. Forfeited Account Balances

Forfeited account balances may be used to reduce future employer contributions. Forfeitures shall be allocated to Participants in the same manner as the Employer's contribution.

Note 2- Summary of Significant Accounting Policies

a. Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

b. Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

c. Investment Valuation

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Units of the Vanguard Retirements Savings Trust are valued at net asset value at year-end. Notes receivable from participants are valued at cost, which approximates fair value. See note 5 for discussion of fair value measurement.

Purchases and sales of investments are recorded on a trade date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

d. Benefit Payments

Benefits are recorded when paid.

e. Subsequent Events

Subsequent events were evaluated through October 7, 2013, which is the date the financial statements were available to be issued.

f. Administrative Expenses

At its discretion, the plan sponsor pays most of the administrative expenses of the Plan.

Note 3- Related Party Transactions

The Plan invests in shares of mutual fund managed by an affiliate of Vanguard Fiduciary Trust Company (VFTC). VFTC acts as trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

York Retirement Savings Plan
Notes to Financial Statements
December 31, 2012

Note 4- Investments

At December 31, 2012 the Plan's assets were allocated among the investment options as selected by the participants. The investment funds are administered by independent investment managers. The investment information and related investment income was prepared and certified as complete and accurate by the Trustee.

		2012		2011
Variable investment options with Vanguard:				
Vanguard 500 Index Fund Investor Shares	*	$ 5,785,847	*	$ 4,384,307
Vanguard Capital Opportunity Fund		2,195,432		1,728,561
Vanguard Emerging Markets Stock Index Fund		1,051,385		913,420
Vanguard Explorer Fund Investor Shares		1,530,043		1,477,966
Vanguard Extended Market Index Fund Investor Shares		37,833		35,602
Vanguard Intermediate-Term Investment Grade Investor Share		2,706,074		2,094,634
Vanguard International Growth Fund Investor Shares		1,929,394		1,470,632
Vanguard LifeStrategy Conservative Growth Fund		1,443,143		1,337,442
Vanguard LifeStrategy Growth Fund		2,757,345		2,136,929
Vanguard LifeStrategy Income Fund		1,078,711		917,696
Vanguard LifeStrategy Moderate Growth Fund		1,917,926		1,579,644
Vanguard Mid-Cap Index Fund Investor Shares		1,576,337		1,251,896
Vanguard PRIMECAP Fund Investor Shares	*	3,344,882	*	3,033,759
Vanguard Prime Money Market Fund	*	5,732,938	*	4,900,829
Vanguard Small-Cap Index Fund Investor Shares		2,485,036		1,906,067
Vanguard Target Retirement 2005 Fund		-		362,983
Vanguard Target Retirement 2010 Fund		379,442		275,031
Vanguard Target Retirement 2015 Fund		1,670,654		873,218
Vanguard Target Retirement 2020 Fund		1,864,456		499,469
Vanguard Target Retirement 2025 Fund		3,124,507		1,731,509
Vanguard Target Retirement 2030 Fund		2,539,709		733,602
Vanguard Target Retirement 2035 Fund		1,845,295		567,924
Vanguard Target Retirement 2040 Fund		822,018		433,332
Vanguard Target Retirement 2045 Fund		576,057		225,574
Vanguard Target Retirement 2050 Fund		230,408		120,750
Vanguard Target Retirement 2055 Fund		23,305		22,182
Vanguard Target Retirement 2060 Fund		14,110		-

Note 4- Investments (Continued)

		2012		2011
Variable investment options with Vanguard:				
Vanguard Target Retirement Income		607,979		202,958
Vanguard Total Bond Market Index Fund		2,730,892		2,047,583
Vanguard Wellington Fund Investor Shares	*	4,383,085	*	3,805,676
Vanguard Windsor Fund Investor Shares		2,614,481		2,046,339
Vanguard Windsor II Fund Investor Shares		58,654		126,251
		59,057,378		43,243,765
Vanguard Retirement Savings Trust	*	4,564,518	*	3,494,482
Total fair value of investments		$63,621,896		$46,738,247

* Denotes investments greater than 5% of net plan assets

Note 5- Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Note 5- Fair Value Measurements (continued)

Level 1 inputs to the valuation methodology are unadjusted quoted prices, in active markets, for identical assets that the Plan has the ability to access.

Level 2 inputs to the valuation methodology include: quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. Level 3 inputs are generally based on the best information available which may include the reporting entity's own assumptions and data.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Level 1 - The fair value of the mutual funds held by the Plan is based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 - The Retirement Savings Trust is a Common Collective Trust. The fair value is based on shares held by the Plan at year end for the underlying securities held in the commingled accounts.

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets carried at fair value:

December 31, 2012	Level 1	Level 2	Total
Mutual Funds with Vanguard:			
Domestic Stock Funds	$19,628,545	$ -	$19,628,545
Balanced Funds	25,278,150	-	25,278,150
Bond Funds	5,436,966	-	5,436,966
Money Market Funds	5,732,938	-	5,732,938
International Stock Funds	2,980,779	-	2,980,779
Vanguard Retirement Savings Trust	-	4,564,518	4,564,518
Total fair value of investments	$59,057,378	$ 4,564,518	$63,621,896

Note 5- Fair Value Measurements (continued)

December 31, 2011	Level 1	Level 2	Total
Mutual Funds with Vanguard:			
Domestic Stock Funds	$15,990,748	$ -	$15,990,748
Balanced Funds	15,825,919	-	15,825,919
Bond Funds	4,142,217	-	4,142,217
Money Market Funds	4,900,829	-	4,900,829
International Stock Funds	2,384,052	-	2,384,052
Vanguard Retirement Savings Trust	-	3,494,482	3,494,482
Total fair value of investments	$43,243,765	$ 3,494,482	$46,738,247

Note 6- Contributions

During the plan year ended December 31, 2012 the Company's share of contributions were $3,200,631 as a 401(k) matching contribution. Employee participant contributions were $7,506,878 including rollover account balances.

Note 7- Forfeitures

During the plan year ended December 31, 2012 non-vested account balances forfeited by participants amounted to $74,976. The Company used $63,468 of the forfeitures to fund matching contributions and fees. A balance of $51,479 was held to offset future sponsor contributions.

Note 8- Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits. The Plan held substantially all its assets with one institution. In the event of failure of the institution, the Plan could be subject to losses.

Note 9- Plan Termination

Although the Company has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

Note 10- Plan Amendments

Several amendments to the Plan were adopted during 2012. Certain of those amendments were made as a condition of approval of an application under the Voluntary Compliance Program of the IRS. The amendments retroactively allowed affiliated company employees to participate in the plan and allowed Roth contributions and automatic enrollment of participants. None of the changes in the Plan amendments effected the existing benefits of Plan participants.

Note 11- Tax Status

The Plan received a favorable determination letter from the Internal Revenue Service in March 2012. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. No provision for income taxes has been included in the plan's financial statements.

The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2009.

Note 12- Information Prepared and Certified by the Trustee of the Plan

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified as complete and accurate by the Trustee, Vanguard in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

	2012
Investments, at fair value:	
Mutual funds	$60,389,498
Retirement Savings Trust	$ 4,564,518
Investment income and net appreciation in fair values	$ 5,944,726
Schedule of assets held for investment purposes	See supplementary schedule

York Retirement Savings Plan.
EIN #13-4198394 – Three digit Plan #001
December 31, 2012
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

(a)	(b) Identity of, Issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value			(d) Cost	(e) Current Value
*	Vanguard 500 Index Inv	Registered Investment Company	44,042 units @	131.37	$4,708,795	$ 5,785,847
*	Vanguard Capital Opportunity	Registered Investment Company	65,301 units @	33.62	1,933,746	2,195,432
*	Vanguard Emerging Mrkt Stk Index	Registered Investment Company	37,536 units @	28.01	932,182	1,051,385
*	Vanguard Explorer Fund	Registered Investment Company	19,253 units @	79.47	1,282,669	1,530,043
*	Vanguard Extend Mkt Index Inv	Registered Investment Company	825 units @	45.87	24,563	37,833
*	Vanguard IT Inv Grade	Registered Investment Company	262,216 units @	10.32	2,585,473	2,706,074
*	Vanguard Int'l Growth Fund	Registered Investment Company	100,124 units @	19.27	1,728,289	1,929,394
*	Vanguard LifeSt Conserv Growth	Registered Investment Company	85,041 units @	16.97	1,334,058	1,443,143
*	Vanguard LifeSt Growth Fund	Registered Investment Company	118,341 units @	23.30	2,505,448	2,757,345
*	Vanguard LifeSt Income Fund	Registered Investment Company	75,912 units @	14.21	1,036,721	1,078,711
*	Vanguard LifeSt Moderate Growth	Registered Investment Company	93,330 units @	20.55	1,743,535	1,917,926
*	Vanguard Mid-Cap Index Fund Inv	Registered Investment Company	70,153 units @	22.47	1,158,824	1,576,337
*	Vanguard PRIMECAP Fund	Registered Investment Company	48,135 units @	69.49	2,912,594	3,344,882
*	Vanguard Prime Money Mkt	Registered Investment Company	5,732,938 units @	1.00	5,732,938	5,732,938
*	Vanguard Sm-Cap Index Inv	Registered Investment Company	64,146 units @	38.74	1,883,019	2,485,036
*	Vanguard Target Retirement 2010 Fund	Registered Investment Company	15,725 units @	24.13	361,100	379,442
*	Vanguard Target Retirement 2015 Fund	Registered Investment Company	124,862 units @	13.38	1,518,425	1,670,654
*	Vanguard Target Retirement 2020 Fund	Registered Investment Company	78,240 units @	23.83	1,804,118	1,864,456
*	Vanguard Target Retirement 2025 Fund	Registered Investment Company	229,912 units @	13.59	2,668,543	3,124,507
*	Vanguard Target Retirement 2030 Fund	Registered Investment Company	108,627 units @	23.38	2,411,600	2,539,709
*	Vanguard Target Retirement 2035 Fund	Registered Investment Company	130,965 units @	14.09	1,687,213	1,845,295
*	Vanguard Target Retirement 2040 Fund	Registered Investment Company	35,462 units @	23.18	766,947	822,018
*	Vanguard Target Retirement 2045 Fund	Registered Investment Company	39,592 units @	14.55	517,023	576,057

See independent auditors' report.

York Retirement Savings Plan.
EIN #13-4198394 – Three digit Plan #001
December 31, 2012
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

(Continued)

(a)	(b) Identity of, Issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value				(d) Cost	(e) Current Value
*	Vanguard Target Retirement 2050 Fund	Registered Investment Company	9,979	units @	23.09	212,369	230,408
*	Vanguard Target Retirement 2055 Fund	Registered Investment Company	940	units @	24.80	22,250	23,305
*	Vanguard Target Retirement 2060 Fund	Registered Investment Company	647	units @	21.81	13,591	14,110
*	Vanguard Target Retirement Income	Registered Investment Company	49,875	units @	12.19	586,285	607,979
*	Vanguard Total Bond Mkt Index Fd	Registered Investment Company	246,248	units @	11.09	2,627,063	2,730,892
*	Vanguard Wellington Inv	Registered Investment Company	129,524	units @	33.84	3,905,280	4,383,085
*	Vanguard Windsor Fund	Registered Investment Company	173,144	units @	15.10	2,374,434	2,614,481
*	Vanguard Windsor II Fund Inv	Registered Investment Company	1,996	units @	29.38	51,631	58,654
*	Vanguard Retirement Savings Trust	Common/Collective Trust	4,564,518	units @	1.00	4,564,518	4,564,518
*	Loan Fund	4.25% - 9.25%				1,332,119	1,332,119
	Total fair value of investment						$64,954,015

See independent auditors' report.

Statement 2
Schedule H, Page 4, Line 4i
Schedule Of Assets (Held At End Of Year)
York Retirement Savings Plan 13-4198394 001

Party In Interest	Identification	Description	Cost	Current Amount
X	Participant Loans	4.25% - 10.25%		$ 1,332,119.
X	Vanguard Retire Savi	Common/Collective Tr	$ 4,564,518.	4,564,518.
X	Vanguard 500 Index	Reg Investment Co	4,708,795.	5,785,847.
X	Vanguard Capital Opp	Reg Investment Co	1,933,746.	2,195,432.
X	Vanguard Emerg Mrkts	Reg Investment Co	932,182.	1,051,385.
X	Vanguard Explorer Fu	Reg Investment Co	1,282,669.	1,530,043.
X	Vanguard Extend Mkt.	Reg Investment Co	24,563.	37,833.
X	Vanguard Int'l Grwth	Reg Investment Co	1,728,289.	1,929,394.
X	Vanguard IT Inv Grad	Reg Investment Co	2,585,473.	2,706,074.
X	Vanguard LifeSt Cons	Reg Investment Co	1,334,058.	1,443,143.
X	Vanguard LifeSt Grwt	Reg Investment Co	2,505,448.	2,757,345.
X	Vanguard LifeSt Inco	Reg Investment Co	1,036,721.	1,078,711.
X	Vanguard LifeSt Mode	Reg Investment Co	1,743,535.	1,917,926.
X	Vanguard Mid-Cap Ind	Reg Investment Co	1,158,824.	1,576,337.
X	Vanguard Prime Money	Reg Investment Co	5,732,938.	5,732,938.
X	Vanguard PRIMECAP Fu	Reg Investment Co	2,912,594.	3,344,882.
X	Vanguard Sm-Cap Inde	Reg Investment Co	1,883,019.	2,485,036.
X	Vanguard Total Bond	Reg Investment Co	2,627,063.	2,730,892.
X	Vanguard Trgt 2010	Reg Investment Co	361,100.	379,442.
X	Vanguard Trgt 2015	Reg Investment Co	1,518,425.	1,670,654.
X	Vanguard Trgt 2020	Reg Investment Co	1,804,118.	1,864,456.
X	Vanguard Trgt 2025	Reg Investment Co	2,668,543.	3,124,507.
X	Vanguard Trgt 2030	Reg Investment Co	2,411,600.	2,539,709.
X	Vanguard Trgt 2035	Reg Investment Co	1,687,213.	1,845,295.
X	Vanguard Trgt 2040	Reg Investment Co	766,947.	822,018.
X	Vanguard Trgt 2045	Reg Investment Co	517,023.	576,057.
X	Vanguard Trgt 2050	Reg Investment Co	212,369.	230,408.
X	Vanguard Trgt 2055	Reg Investment Co	22,250.	23,305.
X	Vanguard Trgt 2060	Reg Investment Co	13,591.	14,110.
X	Vanguard Trgt Retire	Reg Investment Co	586,285.	607,979.
X	Vanguard Wellington	Reg Investment Co	3,905,280.	4,383,085.
X	Vanguard Windsor II	Reg Investment Co	51,631.	58,654.
X	Vanguard Windsor Inv	Reg Investment Co	2,374,434.	2,614,481.