

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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 <u>YORK RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/21/2002</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/21/2002</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/21/2002</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>FOX HILL HOLDINGS, INC.</u> <u>ONE UPPER POND ROAD</u> <u>BUILDING F 4TH FLOOR</u> <u>PARSIPPANY, NJ 07054</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>13-4198394</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>973-541-1330</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>524290</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>13-4198394</u>	2c Plan Sponsor's telephone number <u>973-541-1330</u>	2d Business code (see instructions) <u>524290</u>	
2b Employer Identification Number (EIN) <u>13-4198394</u>					
2c Plan Sponsor's telephone number <u>973-541-1330</u>					
2d Business code (see instructions) <u>524290</u>					

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.	<u>10/15/2015</u>	<u>DAVID PANICO</u>
	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) <u>CHARLES CALABRESE, CPA</u> <u>GILBERT & CALABRESE, LLC</u> <u>181 ROUTE 206</u> <u>FLANDERS, NJ 07836-9255</u>			Preparer's telephone number (optional) <u>973-448-1099</u>

3a Plan administrator's name and address ☐ Same as Plan Sponsor FOX HILL HOLDINGS, INC. ONE UPPER POND ROAD BUILDING F 4TH FLOOR PARSIPPANY, NJ 07054		3b Administrator's EIN 13-4198394
		3c Administrator's telephone number 973-541-1330
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 2978
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 2721
a(2) Total number of active participants at the end of the plan year		6a(2) 2912
b Retired or separated participants receiving benefits		6b 7
c Other retired or separated participants entitled to future benefits.....		6c 815
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 3734
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 2
f Total. Add lines 6d and 6e		6f 3736
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 3466
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 239
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: 2E 2G 2J 2S 2T		
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) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>YORK RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FOX HILL HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>13-4198394</u>

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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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?
37 15	CONTRACT ADMINISTRATOR	5670	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 ☐

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

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:

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
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>YORK RETIREMENT SAVINGS PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FOX HILL HOLDINGS, INC.</u>		D Employer Identification Number (EIN) <u>13-4198394</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)		
	(2) Participant contributions.....	1b(2)		
	(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)	2416556	2840431
	(9) Value of interest in common/collective trusts	1c(9)	5516221	6085403
	(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)	114369149	130904078
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	122301926	139829912

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 through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	122301926	139829912
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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)	5129930	
(B) Participants	2a(1)(B)	10891327	
(C) Others (including rollovers)	2a(1)(C)	2646711	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		18667968
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)	103446	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		103446
(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)		103347
(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)		10051010
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		28925771

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	11392115	
(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)		11392115
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)	5670	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		5670
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11397785

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		17527986
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(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) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ 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:

- 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.).....
- 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.).....

	Yes	No	Amount
4a		X	
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.)		X	
4c			
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.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		5000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
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?.....		X	
4g			
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?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
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.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

<div>A Name of plan YORK RETIREMENT SAVINGS PLAN</div>	<div>B Three-digit plan number (PN) ► 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 FOX HILL HOLDINGS, INC.</div>	<div>D Employer Identification Number (EIN) 13-4198394</div>

Part I	Distributions
--------	---------------

All references to distributions relate only to payments of benefits during the plan year.

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 23-2186884		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	0

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
---------	---

4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		0
	b Enter the amount contributed by the employer to the plan for this plan year.....	6b		0
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		0
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☒ No	☐ N/A

Part III	Amendments
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
---	---	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**York Retirement Savings Plan
Financial Statements
December 31, 2014**

**York Retirement Savings Plan
Financial Statements
December 31, 2014**

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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 the York Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013 and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, 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 audits 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 years ended December 31, 2014 and 2013 that the information provided to the plan administrator by the custodian is complete and accurate.

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

The supplemental statement, Schedule H, Line 4i – Schedule of Assets (held at end of year, as of and for the year ended December 31, 2014) is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules 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
Certified Public Accountants

Flanders, New Jersey
October 13, 2015

York Retirement Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	Assets	2014	2013
Investments (at fair value)			
Registered investment companies		\$130,904,078	\$114,369,149
Vanguard Retirement Savings Trust		<u>6,085,403</u>	<u>5,516,221</u>
		136,989,481	119,885,370
Notes receivable from participants		<u>2,840,431</u>	<u>2,416,556</u>
Total assets		<u>139,829,912</u>	<u>122,301,926</u>
Net assets available for benefits		<u>\$139,829,912</u>	<u>\$122,301,926</u>

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, 2014

Additions

Additions to net assets attributed to:

Net appreciation in fair value	\$ 5,943,586
Interest / dividend income	4,314,217

Contributions

Participants'	10,891,327
Rollover	2,646,711
Employer's	<u>5,129,930</u>

Total additions	<u>28,925,771</u>
-----------------	-------------------

Deductions

Deductions from net assets attributed to:

Participant withdrawals	11,392,115
Administrative expenses	<u>5,670</u>

Total deductions	<u>11,397,785</u>
------------------	-------------------

Net increase	17,527,986
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Net assets available for benefits:

Beginning of year	<u>122,301,926</u>
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End of year	<u><u>\$139,829,912</u></u>
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See independent auditors' report and notes to financial statements.

York Retirement Savings Plan
Notes to Financial Statements
December 31, 2014

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).

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.

York Retirement Savings Plan
Notes to Financial Statements
December 31, 2014

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. Notes Receivable from Participants

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.

See independent auditors' report.

York Retirement Savings Plan
Notes to Financial Statements
December 31, 2014

Note 2- Summary of Significant Accounting Policies (Cont'd)

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 Retirement 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 13, 2015, which is the date the financial statements were available to be issued.

f. Administrative Expenses

Loan origination fees associated with notes receivable from participants are paid from participant accounts. The Plan's investment management fees are charged to the Plan and are reflected as a reduction of the investment return and included in the net appreciation (depreciation) of fair value of investment. At its discretion, the plan sponsor pays most of the record keeping and 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, 2014

Note 4- Investments

At December 31, 2014 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.

	2014	2013
Variable investment options with Vanguard:		
Vanguard 500 Index Fund Investor Shares	* \$ 13,137,197 *	\$ 11,297,103
Vanguard Capital Opportunity Fund	5,705,809	3,976,065
Vanguard Emerging Markets Stock Index Fund	1,691,350	1,595,286
Vanguard Explorer Fund Investor Shares	2,254,576	2,140,087
Vanguard Extended Market Index Fund Investor Shares	-	36,735
Vanguard Intermediate-Term Investment Grade Investor Share	3,234,759	3,282,325
Vanguard International Growth Fund Investor Shares	6,776,870 *	7,310,924
Vanguard LifeStrategy Conservative Growth Fund	-	1,790,950
Vanguard LifeStrategy Growth Fund	-	3,578,863
Vanguard LifeStrategy Income Fund	-	1,069,442
Vanguard LifeStrategy Moderate Growth Fund	-	2,520,612
Vanguard Mid-Cap Index Fund Investor Shares	6,419,057	5,976,719
Vanguard PRIMECAP Fund Investor Shares	* 12,358,365 *	10,448,922
Vanguard Prime Money Market Fund	* 7,729,035 *	7,739,797
Vanguard Small-Cap Index Fund Investor Shares	6,599,242 *	6,513,965
Vanguard Target Retirement 2010 Fund	542,764	171,930
Vanguard Target Retirement 2015 Fund	4,688,605	2,740,322
Vanguard Target Retirement 2020 Fund	6,858,342	3,634,266
Vanguard Target Retirement 2025 Fund	* 8,230,125	5,000,894
Vanguard Target Retirement 2030 Fund	* 8,534,656	4,750,699
Vanguard Target Retirement 2035 Fund	5,288,490	2,895,852
Vanguard Target Retirement 2040 Fund	3,153,388	1,566,781
Vanguard Target Retirement 2045 Fund	2,006,275	1,290,116
Vanguard Target Retirement 2050 Fund	1,067,943	565,444
Vanguard Target Retirement 2055 Fund	175,584	84,983
Vanguard Target Retirement 2060 Fund	14,382	52,870

See independent auditors' report.

York Retirement Savings Plan
Notes to Financial Statements
December 31, 2014

Note 4- Investments (Continued)

	2014	2013
Variable investment options with Vanguard:		
Vanguard Target Retirement Income	842,971	746,357
Vanguard Total Bond Market Index Fund	5,186,935	4,981,192
Vanguard Wellington Fund Investor Shares *	9,980,349 *	9,000,347
Vanguard Windsor Fund Investor Shares *	8,369,320 *	7,557,033
Vanguard Windsor II Fund Investor Shares	<u>57,689</u>	<u>52,268</u>
	130,904,078	114,369,149
Vanguard Retirement Savings Trust	<u>6,085,403 *</u>	<u>5,516,221</u>
Total fair value of investments	<u>\$136,989,481</u>	<u>\$119,885,370</u>

* 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:

See independent auditors' report.

York Retirement Savings Plan
Notes to Financial Statements
December 31, 2014

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, 2014	Level 1	Level 2	Total
Mutual Funds with Vanguard:			
Domestic Stock Funds	\$ 54,901,254	\$ -	\$ 54,901,254
Balanced Funds	51,383,876	-	51,383,876
Bond Funds	8,421,693	-	8,421,693
Money Market Funds	7,729,035	-	7,729,035
International Stock Funds	8,468,220	-	8,468,220
Vanguard Retirement Savings Trust	<u>-</u>	<u>6,085,403</u>	<u>6,085,403</u>
Total fair value of investments	<u>\$130,904,078</u>	<u>\$ 6,085,403</u>	<u>\$136,989,481</u>

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York Retirement Savings Plan
Notes to Financial Statements
December 31, 2014

Note 5- Fair Value Measurements (continued)

December 31, 2013	Level 1	Level 2	Total
Mutual Funds with Vanguard:			
Domestic Stock Funds	\$ 47,998,896	\$ -	\$ 47,998,896
Balanced Funds	41,460,729	-	41,460,729
Bond Funds	8,263,517	-	8,263,517
Money Market Funds	7,739,797	-	7,739,797
International Stock Funds	8,906,210	-	8,906,210
Vanguard Retirement Savings Trust	<u>-</u>	<u>5,516,221</u>	<u>5,516,221</u>
Total fair value of investments	<u>\$114,369,149</u>	<u>\$ 5,516,221</u>	<u>\$119,885,370</u>

Note 6- Contributions

During the plan year ended December 31, 2014 the Company's share of contributions were \$5,129,930 as a 401(k) matching contribution. Employee participant contributions were \$13,538,038 including rollover account balances.

Note 7- Forfeitures

During the plan year ended December 31, 2014 non-vested account balances forfeited by participants amounted to \$249,677. The Company used \$250,792 of the forfeitures to fund matching contributions and fees. A balance of \$16,915 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.

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**York Retirement Savings Plan
Notes to Financial Statements
December 31, 2014**

Note 10- Plan Amendments

Several amendments to the Plan were adopted during 2014. The amendments allowed employees of newly acquired affiliated companies to participate in the plan and modified certain Plan terminology to be compliant with recent law changes. None of the changes in the Plan amendments affected 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 is subject to routine audits by tax authorities; however there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

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.

	2014
Investments, at fair value:	
Mutual funds	\$130,904,078
Retirement Savings Trust	\$ 6,085,403
Notes receivable from participants	\$ 2,840,431
Investment income and net appreciation in fair values	\$ 10,257,803
Schedule of assets held for investment purposes	See supplementary schedule

See independent auditors' report.

York Retirement Savings Plan.
EIN #13-4198394 – Three digit Plan #001
December 31, 2014

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	189.89	\$ 13,137,197
*	Vanguard Capital Opportunity	Registered Investment Company	52.74	5,705,809
*	Vanguard Emerging Mkt Stk Index	Registered Investment Company	25.32	1,691,350
*	Vanguard Explorer Fund	Registered Investment Company	92.99	2,254,576
*	Vanguard IT Inv Grade	Registered Investment Company	9.83	3,234,759
*	Vanguard Int'l Growth Fund	Registered Investment Company	21.54	6,776,870
*	Vanguard Mid-Cap Index Fund Inv	Registered Investment Company	33.72	6,419,057
*	Vanguard PRIMECAP Fund	Registered Investment Company	102.85	12,358,365
*	Vanguard Prime Money Mkt	Registered Investment Company	1.00	7,729,035
*	Vanguard Sm-Cap Index Inv	Registered Investment Company	55.86	6,599,242
*	Vanguard Target Retirement 2010 Fund	Registered Investment Company	26.32	542,764
*	Vanguard Target Retirement 2015 Fund	Registered Investment Company	15.29	4,688,605
*	Vanguard Target Retirement 2020 Fund	Registered Investment Company	28.46	6,858,342
*	Vanguard Target Retirement 2025 Fund	Registered Investment Company	16.53	8,230,125
*	Vanguard Target Retirement 2030 Fund	Registered Investment Company	29.04	8,534,656
*	Vanguard Target Retirement 2035 Fund	Registered Investment Company	17.84	5,288,490
*	Vanguard Target Retirement 2040 Fund	Registered Investment Company	29.76	3,153,388
*	Vanguard Target Retirement 2045 Fund	Registered Investment Company	18.65	2,006,275
*	Vanguard Target Retirement 2050 Fund	Registered Investment Company	29.62	1,067,943
*	Vanguard Target Retirement 2055 Fund	Registered Investment Company	31.98	175,584
*	Vanguard Target Retirement 2060 Fund	Registered Investment Company	28.20	14,382

See independent auditors' report.

York Retirement Savings Plan.
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December 31, 2014
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 Income	Registered Investment Company	788,800	842,971
*	Vanguard Total Bond Mkt Index Fd	Registered Investment Company	5,141,742	5,186,935
*	Vanguard Wellington Inv	Registered Investment Company	8,763,226	9,980,349
*	Vanguard Windsor Fund	Registered Investment Company	6,484,030	8,369,320
*	Vanguard Windsor II Fund Inv	Registered Investment Company	41,787	57,689
*	Vanguard Retirement Savings Trust	Common/Collective Trust	6,085,403	6,085,403
*	Loan Fund	4.25% - 9.25%	2,840,431	2,840,431
Total fair value of investment				<u>\$139,829,912</u>

See independent auditors' report.

2014

Federal Statements

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Client 25900-00

Fox Hill Holdings, Inc.
York Insurance Services Group, Inc)13-4198394
Plan No. 001

10/06/15

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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%		\$ 2,840,431.
X	Vanguard Retire Savi	Common/Collective Tr	\$ 6,085,403.	6,085,403.
X	Vanguard 500 Index	Reg Investment Co	8,973,349.	13,137,197.
X	Vanguard Capital Opp	Reg Investment Co	4,091,166.	5,705,809.
X	Vanguard Emerg Mkts	Reg Investment Co	1,726,893.	1,691,350.
X	Vanguard Explorer Fu	Reg Investment Co	1,887,049.	2,254,576.
X	Vanguard Int'l Grwth	Reg Investment Co	6,278,888.	6,776,870.
X	Vanguard IT Inv Grad	Reg Investment Co	3,261,515.	3,234,759.
X	Vanguard Mid-Cap Ind	Reg Investment Co	4,508,993.	6,419,057.
X	Vanguard Prime Money	Reg Investment Co	7,729,035.	7,729,035.
X	Vanguard PRIMECAP Fu	Reg Investment Co	9,090,109.	12,358,365.
X	Vanguard Sm-Cap Inde	Reg Investment Co	4,556,984.	6,599,242.
X	Vanguard Total Bond	Reg Investment Co	5,141,742.	5,186,935.
X	Vanguard Trgt 2010	Reg Investment Co	524,609.	542,764.
X	Vanguard Trgt 2015	Reg Investment Co	4,417,393.	4,688,605.
X	Vanguard Trgt 2020	Reg Investment Co	6,271,571.	6,858,342.
X	Vanguard Trgt 2025	Reg Investment Co	7,189,553.	8,230,125.
X	Vanguard Trgt 2030	Reg Investment Co	7,605,474.	8,534,656.
X	Vanguard Trgt 2035	Reg Investment Co	4,632,795.	5,288,490.
X	Vanguard Trgt 2040	Reg Investment Co	2,849,217.	3,153,388.
X	Vanguard Trgt 2045	Reg Investment Co	1,757,674.	2,006,275.
X	Vanguard Trgt 2050	Reg Investment Co	958,851.	1,067,943.
X	Vanguard Trgt 2055	Reg Investment Co	162,817.	175,584.
X	Vanguard Trgt 2060	Reg Investment Co	13,854.	14,382.
X	Vanguard Trgt Retire	Reg Investment Co	788,800.	842,971.
X	Vanguard Wellington	Reg Investment Co	8,763,226.	9,980,349.
X	Vanguard Windsor II	Reg Investment Co	41,787.	57,689.
X	Vanguard Windsor Inv	Reg Investment Co	6,484,030.	8,369,320.