Form 5500-SF		Short Form Annual Return/Report of Small Employee Benefit Plan				OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service			Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee			2	2013		
Employee	Department of Labor Benefits Security Administration Benefit Guaranty Corporation	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a the Internal Revenue Code (the Code).				(a) of This Form is Open to Inspection			
		Complete all entries in according to the second secon	rdance with the instruct	ctions to the Form 5500)-SF.		-		
For calend	dar plan year 2013 or fisca	dentification Information cal plan year beginning 01/01/207	12	and ending 12	2/31/2	0013			
_	5	a single-employer plan		lan (not multiemployer)	2/01/2	a one-particip	ant nlan		
	return/report is for:		the final return/report	· · · · · ·			ant plan		
	eturn/report is:	the first return/report							
		an amended return/report		n/report (less than 12 mo					
C Check	k box if filing under:	X Form 5558	automatic extension			DFVC program			
	<u> </u>	special extension (enter descripti	,						
Part II		mation—enter all requested inform	nation		46				
1a Name ROYAL CO		N PROFIT SHARING AND SAVING	S PLAN		1D	Three-digit plan number	001		
				+	10	(PN) ► Effective date of			
					10	10/01/	•		
	sponsor's name and addre	ress; include room or suite number (IN, INC.	employer, if for a single-	-employer plan)	2b	Employer Identif (EIN) 20-01	ication Number		
	PARK DRIVE				2c	Sponsor's telep			
POUGHKE	EEPSIE, NY 12603-2583				2d	Business code (see instructions) 424910			
3a Plan	administrator's name and	l address XSame as Plan Sponsor	Name Same as Plar	n Sponsor Address	3b	Administrator's EIN			
4 If the	e name and/or EIN of the r	plan sponsor has changed since the	e last return/report filed fr	or this plan, enter the	4b	EIN			
name, EIN, and the plan number a Sponsor's name		per from the last return/report.	r from the last return/report.			4c PN			
5a Total	I number of participants at	t the beginning of the plan year			5a		12		
b Total	b Total number of participants at the end of the plan year						10		
	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						10		
 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 									
Caution:	A penalty for the late or	r incomplete filing of this return/re	eport will be assessed	unless reasonable cau	se is	established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/va	vith authorized/valid electronic signature. 10/07/2014 DARLENE FANTIN							
HERE	Signature of plan administrator Date Enter name of indivi					dual signing as plan administrator			
SIGN									
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ial sin	ining as employe	r or plan sponsor		
Preparer's		me, if applicable) and address; inclu			_		number (optional)		

a Total plan labelines	7 Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year		(b) End of Year					
D Total plan labilities 7b 0 0 C Net plan assets (subtract line 7b from line 7a) 7c 6(02367 717063 B Income, Express, and Transfers for the Plan Year (a) Amount (b) Total C Other including rollowers) 8a(1) 14550 (a) Others including rollowers) 8a(2) 34508 (a) Others including rollowers and insurance preducts 8a(2) 34508 (b) Total 6e 199514 (b) Other including rollowers and insurance preducts 8a(2) 34508 (c) Total income (add lines 3a(1), 8a(2), 8a(3), and 8b) 8d 73932 (c) Conside benefits) 8d 73932 0 (c) Administrative service providers (salarias, fixee, commissions) 8d 0 0 (c) Administrative service providers (salarias, fixee, commissions) 8d 0 0 (c) Administrative service providers (salarias, fixee, commissions) 8d 0 0 (c) Transfers to (from) the plan any commission feature codes from the List of Plan Characteristic Codes in the instructions: 2E 26(2) 27(X) 27(X) 30 0 (c) Transfers to (from) the plan any participant contributions within the time period descrited in 28 CFR 2510.31021 (Size instructions and DOL's		72									
c Net plan assets (subtract line 7b from line 7a)											
B Income. Expenses, and Transfers for this Plan Year Image: solution of the plan section of receivable from: Image: solution of the plan section of receivable from: Ba(1) 14850 (2) Participants 8a(2) 94506 94506 94506 (2) Others (including rollowers) 8a(3) 0 94506 94506 94506 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8b 148458 9606 195614 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 97332 9606 195614 C Contain demade and/or concrive distributions (see instructions). 8d 79332 9606 9606 9606 960 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606 9606							717063				
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b) Other income (loss) Bob (loss) Bb 148458 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc 195614 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc 195614 d Bernetis paid (including director) corrective distributions (see instructions) Bc 0 f Administrative service provides (salaries, fees, commissions) Bf 0 g Other income (loss) (subtract lines 8d, 8e, 8f, and 8g) Bf 0 f Administrative service provides (salaries, fees, commissions) Bf 0 g Other income (loss) (subtract lines 8d, 8e, 8f, and 8g) Bi 1147066 i Transfers to (from) the plan (see instructions) Bj 0 114706 g If the plan provides presion benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K AS 3D 3H 1 b If the plan provides presion benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 4S 3D 3H 4 c Compliance Questions 10a X 2 d During the plan sysar: Yes <t< td=""><td>(2) Participants</td><td>8a(2)</td><td colspan="3">34506</td><td></td><td></td><td></td><td></td></t<>	(2) Participants	8a(2)	34506								
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 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X N (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 letter ruling granting the waiver. 	 10 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 	ciary Correc ? (Do not inc fidelity bond fidelity bond er persons b of the benefit ? s of year end See instruction e required n	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h		× × × × × × ×			0000		
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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a 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 letter ruling granting the waiver	 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 	ciary Correc ? (Do not inc fidelity bond fidelity bond er persons b of the benefit n? s of year enc See instruct e required n -3 3	tion Program) lude transactions reported , that was caused by fraud ,	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X ule SE	(Form	1			
a 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 letter ruling granting the waiver	 10 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond?	ciary Correc ? (Do not inc fidelity bond fidelity bond er persons b of the benefi n? s of year enc See instruction e required n -3 ents? (If "Ye	tion Program) lude transactions reported that was caused by fraud that was caused by fraud and the plan? (See the plan? (See the plan?	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Ule SB	3 (Form	1			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	 10 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correc ? (Do not inc fidelity bond fidelity bond er persons b of the benefit ? s of year end See instruction e required n -3	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Ule SB	3 (Form	1			
	 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond?	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi n? s of year enc See instructi e required n -3 ents? (If "Ye om Schedule requirement as applicabl g amortized	tion Program) lude transactions reported , that was caused by fraud , the plan (See , t	10b 10c 10d 10e 10f 10g 10h 10i	X Sched	X X X X X X X X Ule SE	B (Form B (Form ERISA?	1 Yes Yes He letter ruli			

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С	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A				
Part VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?	۲ 🗌	′es 🗙 No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes 🗙 No				
C 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.)								
13c(1) Name of plan(s): 13			N(s)	13c(3) PN(s)				
Part	art VIII Trust Information (optional)							
14a Name of trust PROFIT SHARING AND SAVINGS PLAN			ust's EIN 03414672					