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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
REVMAN INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1991

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

REVMAN INTERNATIONAL, INC.

350 FIFTH AVENUE
70TH FLOOR
NEW YORK, NY 10118

2b Employer Identification Number (EIN)
13-3476655

2c Sponsor's telephone number
212-894-3100

2d Business code (see instructions)
423200

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.	10/01/2014	JOSE VALLEJO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2014	JOSE VALLEJO
	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**	134
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**	109
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	35
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	144
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	144
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	136
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	11
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 2F 2H 2J 2K 2S 2T 3D 3H 2R

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)** [X] **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)** [ ] **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.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan REVMAN INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 REVMAN INTERNATIONAL, INC.	**D** Employer Identification Number (EIN) 13-3476655

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)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(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?
15 52 59 60 62 63 71 72	RECORDKEEPER	3050	Yes [X] No [ ]	Yes [X] No [ ]	0	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

(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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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 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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
REVMAN INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
REVMAN INTERNATIONAL, INC.

D Employer Identification Number (EIN)
13-3476655

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	50	50
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5079	5079
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2124607	2082048
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	251707	226878
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	7391621	9207064
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1819	3465

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		0
(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	9774883	11524584
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	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	9774883	11524584

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)	284826	
(B) Participants	2a(1)(B)	507777	
(C) Others (including rollovers)	2a(1)(C)	2833	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		795436
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2618	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	11234	
(F) Other	2b(1)(F)	1050	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14902
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	362588	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		362588
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	198099	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	198099	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		892450
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2065376
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	312625	
(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)		312625
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	3050	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3050
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		315675
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1749701
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: BDO USA, LLP (2) EIN: 13-5381590

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		1000000
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		X	
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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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).

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
REVMAN INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
REVMAN INTERNATIONAL, INC.

D Employer Identification Number (EIN)
13-3476655

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** 0

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): 94-1687765

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**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

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**

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

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):

Revman International, Inc.
401(k) Profit Sharing Plan

Financial Statements and Supplemental Schedule
Years Ended December 31, 2013 and 2012

The report accompanying these financial statements was issued by BDO USA, LLP, a Delaware limited liability partnership and the U.S. member of BDO International Limited, a UK company limited by guarantee.

Revman International, Inc.
401(k) Profit Sharing Plan

Financial Statements and Supplemental Schedule

Years Ended December 31, 2013 and 2012

Revman International, Inc. 401(k) Profit Sharing Plan

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New York, NY 10017

Independent Auditor's Report

To the Plan Administrator and Participants of the
Revman International, Inc. 401(k) Profit Sharing Plan
New York, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Revman International, Inc. 401(k) Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 ("DOL") 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 4, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2013 and 2012, that the information provided to the Plan administrator by the trustee is complete and accurate.

BDO USA, LLP, a Delaware limited liability partnership, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

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 schedule of assets (held at end of year) as of December 31, 2013 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, 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 DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BDO USA, LLP

September 30, 2014

Revman International, Inc. 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits

December 31,	**2013**	2012
Assets		
Investments, at fair value (Notes 3, 4 and 5):		
Mutual funds	**$ 9,207,064**	$7,391,621
Certificate of deposit	**2,082,048**	2,124,607
Self-directed brokerage	**3,465**	1,819
Total Investments	**11,292,577**	9,518,047
Receivables:		
Accrued investment income	**5,079**	5,079
Notes receivable from participants	**226,878**	251,707
Due from broker for securities sold	**50**	50
Total Receivables	**232,007**	256,836
Total Assets	**11,524,584**	9,774,883
Net Assets Available for Benefits	**$11,524,584**	$9,774,883

See accompanying notes to financial statements.

Revman International, Inc. 401(k) Profit Sharing Plan

Statements of Changes in Net Assets Available for Benefits

Year ended December 31,	**2013**	2012
Additions:		
Investment income:		
Net appreciation in fair value of mutual funds	**$ 892,450**	$ 652,890
Interest and dividend income	**366,256**	250,988
Total Investment Income	**1,258,706**	903,878
Interest income from notes receivable from participants	**11,234**	11,725
Contributions:		
Employer	**284,826**	256,505
Participants	**507,777**	460,544
Participants' rollovers	**2,833**	1,455
Total Contributions	**795,436**	718,504
Total Additions	**2,065,376**	1,634,107
Deductions:		
Benefits paid to participants	**312,625**	857,634
Administrative expenses	**3,050**	2,900
Total Deductions	**315,675**	860,534
Net Increase	**1,749,701**	773,573
Net Assets Available for Benefits:		
Beginning of year	**9,774,883**	9,001,310
End of year	**$11,524,584**	$9,774,883

See accompanying notes to financial statements.

1. Description of Plan

The following description of the Revman International, Inc. 401(k) Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan, sponsored by Revman International, Inc. (the "Company"), is a defined contribution plan. Effective January 1, 2006, the Company elected that the Plan be a safe harbor 401(k) plan. Under the terms of the Plan, an employee who is 21 years of age is eligible for participation in the Plan after completing three months of service. Entry into the Plan is permitted on the first day of January, April, July and October of the Plan year. Any participant who meets these eligibility requirements and is employed on the last day of the Plan year is eligible for any discretionary profit sharing contributions made by the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

All newly hired eligible employees are automatically enrolled in the Plan at a pre-tax contribution rate of 3% of eligible compensation unless the employee affirmatively elects not to participate in the Plan or elects to participate at a different rate. Prior to being automatically enrolled in the Plan, each newly hired eligible employee is provided a notice of the Plan's automatic enrollment provisions and is given 30 days, prior to becoming eligible, to opt out of the Plan participation. All participants, including those who are automatically enrolled, may change or suspend their level of Plan contributions on the first day of each month.

(b) Contributions

Participants may make 401(k) salary deferral contributions to the Plan up to twenty percent (20%) of compensation subject to the statutory maximum allowed by the Internal Revenue Code ("IRC"). Participants who have attained the age of 50 or will attain the age of 50 before the last day of the Plan year may defer additional catch-up contributions subject to the limit imposed by the IRC. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Company matches 100% of the first 3% of base compensation that a participant contributed to the Plan and, in addition, matches 50% on contributions exceeding 3% up to 5% of compensation contributed to the Plan (the "Company-matching contribution"). The Company may make an additional discretionary profit sharing contribution to the Plan as determined by the Company's management. For the years ended December 31, 2013 and 2012, the Company made no profit sharing contributions to the Plan.

(c) Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and Plan earnings and charged with withdrawals and loan fees, if any, and allocations of Plan losses. Allocations are based on participant earnings, deferrals or account balances, as defined. Profit sharing contributions are allocated to participants based on the ratio that a participant's compensation for the Plan year bears to compensation for that Plan year of all participants entitled to share in that contribution. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(d) Vesting

All participants are immediately vested in their contributions plus earnings thereon. Prior to January 1, 2006, participants vest in the Company-matching and profit sharing contributions plus actual earnings thereon based on the following schedule:

After 1 year of vesting service	20%
After 2 years of vesting service	40
After 3 years of vesting service	60
After 4 years of vesting service	80
After 5 years of vesting service	100

All participants are immediately 100% vested for all Company contributions made beginning January 1, 2006.

(e) Investment Options

The Plan's assets are held by Bank of America, N.A. ("Trustee"), which provides investment management, trustee and recordkeeping services for the Plan. Participants may direct their accounts into any of several mutual funds or self-directed brokerage investments offered by the self-directed brokerage program.

(f) Notes Receivable From Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balances. Loan terms range from one to five years and may be for a longer term when used for the purchase of a primary residence. The loans are secured by the participant's account balance and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator at the time of the loan. Interest rates range from 4.25% to 9.25%. Principal and interest are paid ratably through payroll deductions. Notes receivable are recorded at their outstanding balances plus unpaid accrued interest.

(g) Payment of Benefits

Upon termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum amount or other options (as defined in the Plan agreement) equal to the value of the participant's vested interest in his or her account. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution, or may transfer it to another qualified plan or individual retirement account. Additionally, under certain circumstances, the participant is allowed to withdraw funds from the Plan.

(h) Forfeitures

Forfeited balances of terminated participants' non-vested accounts are first used to reduce employer contributions, then any remaining forfeitures shall be used to offset the Plan's administrative expenses. At December 31, 2013 and 2012, forfeiture balances were $20,869 and $23,512, respectively.

During the years ended December 31, 2013 and 2012, the Plan had used approximately $18,973 and $16,900, respectively, to reduce employer contributions.

(i) Administrative Expenses

The administrative expenses of the Plan are paid by either the Plan or Company, as provided by the Plan document. For the years ended December 31, 2013 and 2012, participant loan origination and related maintenance fees were paid by the respective Plan participant. All other expenses of administering the Plan were paid by the Company.

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 accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value based upon quoted market prices (see Note 5).

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

Management fees and operating expenses charged to the Plan for investments in the mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of net appreciation/depreciation in fair market value of investments for such investments.

(d) Payment of Benefits

Benefits are recorded when paid.

(e) Risks and Uncertainties

The Plan invests in various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. 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 such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

(f) Reclassifications

Certain prior year balances have been reclassified to be consistent with the current year's financial statement and footnote presentation.

3. Investments

The Plan's investments that represented 5% or more of the Plan's net assets available for benefits as of December 31, 2013 and 2012 are as follows:

December 31,	**2013**	2012
Retirement Bank Account	**$2,082,048**	$2,124,607
PIMCO Investment Grade CP A	**1,551,027**	2,000,751
Clearbridge Appreciation Fund A	**893,351**	657,532
Columbia Dividend Income	*****	555,450
Victory Established	*****	538,501
PIMCO All Asset Fund Class A	*****	500,309

* Less than 5%.

4. Information Certified by the Plan's Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate:

December 31,	**2013**	2012
Mutual funds	**$9,207,064**	$7,391,621
Notes receivables from participants	**226,878**	251,707
Certificate of deposit	**2,082,048**	2,124,607

Year ended December 31,	**2013**	2012
Interest and dividend income	**$366,256**	$250,988
Net appreciation in fair value of mutual funds	**892,450**	652,890
Interest income from notes receivables from participants	**11,234**	11,725

The Plan's administrator instructed the Plan's independent accountants not to perform, and they did not perform, any auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

5. Fair Value Measurements

The Plan follows ASC 820, which establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value and expands disclosure about fair value measurement.

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 ASC 820 are described below:

Level 1 – Quoted prices in active markets for identical assets or liabilities at the measurement date.

Level 2 – Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.

Level 3 – Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used:

Mutual Funds

The mutual funds are valued at the net asset value ("NAV") of shares held by the Plan at year-end.

Self-Directed Brokerage Investments

The self-directed brokerage investments consist of common stock actively traded on a public exchange.

Certificate of Deposit

The certificate of deposit is valued at the principal plus return based on the average close price of the underlying index.

As required by ASC 820, assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables, set forth by level, within the fair value hierarchy, summarize investment assets measured at fair value at December 31, 2013 and 2012, respectively:

December 31, 2013

Description	Total	Level 1	Level 2	Level 3
Mutual funds:				
Small Cap Stock	**$ 975,103**	**$ 975,103**	**$ -**	**$ -**
Mid Cap Stock	**729,845**	**729,845**	**-**	**-**
Large Cap Stock	**3,635,964**	**3,635,964**	**-**	**-**
World Allocation Fund	**372,716**	**372,716**	**-**	**-**
Foreign Large Blend Funds	**720,048**	**720,048**	**-**	**-**
Intermediate-Term Bond Funds	**2,076,006**	**2,076,006**	**-**	**-**
Intermediate Government Funds	**600,811**	**600,811**	**-**	**-**
Inflation Protected Funds	**75,090**	**75,090**	**-**	**-**
Commodities Broad Basket	**21,481**	**21,481**	**-**	**-**
Certificate of deposit	**2,082,048**	**2,082,048**	**-**	**-**
Self-directed brokerage – common stock	**3,465**	**3,465**	**-**	**-**
Total	**$11,292,577**	**$11,292,577**	**$ -**	**$ -**

December 31, 2012

Description	Total	Level 1	Level 2	Level 3
Mutual funds:				
Small Cap Stock	$ 643,059	$ 643,059	$ -	$ -
Mid Cap Stock	538,500	538,500	-	-
Large Cap Stock	2,745,225	2,745,225	-	-
World Allocation Fund	296,703	296,703	-	-
Foreign Large Blend Funds	510,595	510,595	-	-
Intermediate-Term Bond Funds	2,000,751	2,000,751	-	-
Intermediate Government Funds	552,241	552,241	-	-
Inflation Protected Funds	81,457	81,457	-	-
Commodities Broad Basket	23,090	23,090	-	-
Certificate of deposit	2,124,607	2,124,607	-	-
Self-directed brokerage – common stock	1,819	1,819	-	-
Total	$9,518,047	$9,518,047	$ -	$ -

6. Tax Status

The Plan is based on a non-standardized prototype document of the Trustee of the Plan, which received a favorable opinion letter dated March 31, 2008, from the Internal Revenue Service ("IRS") stating that the prototype document, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since the date of the opinion letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

7. Party-In-Interest Transactions

Certain Plan investments are managed by an affiliate of the Trustee and, therefore, these transactions qualify as party-in-interest transactions. Participant loans also qualify as party-in-interest transactions.

8. Subsequent Events

Subsequent events have been evaluated through September 30, 2014, the date the financial statements were available to be issued.

Supplemental Schedule

Revman International, Inc. 401(k) Profit Sharing Plan

Schedule of Assets (Held at End of Year)
EIN: 13-3476655 Plan No. 001

December 31, 2013

(a)	(b) Identity of Issuer, 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
	Certificate of Deposit:			
*	Retirement Bank Account	2,082,048 shares	a	**$ 2,082,048**
	Mutual Funds:			
	First Eagle Gold Fd C A	Mutual fund 51 shares	a	**744**
	Columbia Balanced Fund Cl A	Mutual fund 2,472 shares	a	**85,383**
	Pimco Commodity Real Ret STR A	Mutual fund 3,971 shares	a	**21,481**
	Pimco All Asset Fund Class A	Mutual fund 37,516 shares	a	**453,563**
	Columbia Dividend Income	Mutual fund 24,740 shares	a	**453,240**
	Columbia Dividend Income Gm	Mutual fund 20,276 shares	a	**371,452**
	Wells Fargo Adv Premier Large	Mutual fund 25,875 shares	a	**370,790**
	Wells Fargo Adv Premier Large Gm	Mutual fund 9,292 shares	a	**133,156**
	Victory Established	Mutual fund 15,688 shares	a	**540,147**
	Victory Established Gm	Mutual fund 5,510 shares	a	**189,698**
	Pimco Investment Grade Cp A	Mutual fund 151,468 shares	a	**1,551,027**
	Pimco Investment Grade A Gm	Mutual fund 51,267 shares	a	**524,978**
	Goldman Sachs Small-Mid Cap A	Mutual fund 14,944 shares	a	**297,990**
	Goldman Sachs Small-Mid Cap A Gm	Mutual fund 5,520 shares	a	**110,067**
	Hartford Inflation Plus Cl R4	Mutual fund 7,057 shares	a	**75,090**
	Blackrock S&P500 Stock Fund I	Mutual fund 2,323 shares	a	**515,626**
	Blackrock Global Alloc A	Mutual fund 17,474 shares	a	**372,716**
	Ivy International Core Equity	Mutual fund 4,630 shares	a	**87,128**
	Ivy International Core Equity Gm	Mutual fund 12,963 shares	a	**243,959**
	Clearbridge Appreciation Fd A	Mutual fund 46,168 shares	a	**893,351**
	American Funds Europacific Grt	Mutual fund 2,893 shares	a	**141,946**
	American Funds Europacific Gm	Mutual fund 5,034 shares	a	**247,014**
	Delaware Sm Cap Value Fd Cl A	Mutual fund 4,608 shares	a	**241,870**
	Delaware Sm Cap Value Fd Cl A Gm	Mutual fund 2,499 shares	a	**131,147**
	Allianceberstein Sml Cap Gr A	Mutual fund 2,666 shares	a	**136,131**
	Allianceberstein Sml Cap Gr A Gm	Mutual fund 1,134 shares	a	**57,899**
	Putnam American Gov Inc. Cl A	Mutual fund 10,544 shares	a	**94,263**
	Putnam Gm American Gov Inc. C A	Mutual fund 56,661 shares	a	**506,548**
	Franklin Dyna Cust Fds Inc. Ser	Mutual fund 5,073 shares	a	**225,964**
	Franklin Dyna Cust Fds Inc. Gm	Mutual fund 2,979 shares	a	**132,696**
	Total Mutual Funds			**9,207,064**

* A party-in-interest as defined by ERISA

a The cost of participant-directed investments is not required to be disclosed.

Revman International, Inc. 401(k) Profit Sharing Plan

Schedule of Assets (Held at End of Year)
EIN: 13-3476655 Plan No. 001

December 31, 2013

(a)	(b) Identity of Issuer, 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
	Self-Directed Brokerage Accounts:			
	BIF Money Fund	Money market, 498 shares	a	**$ 498**
	Apple Inc.	Common stock, 1 share	a	**561**
	Chipotle Mexican Grill	Common stock, 2 shares	a	**1,066**
	Facebook Inc.	Common stock, 10 shares	a	**546**
	Starbucks Corp	Common stock, 2 shares	a	**157**
	Twitter Inc.	Common stock, 10 shares	a	**637**
	Total Self-Directed Brokerage Accounts			**3,465**
*	**Notes Receivable From Participants**	Notes with interest rates ranging from 4.25% to 9.25%	-	**226,878**
	Total Assets			**$11,519,455**

* A party-in-interest as defined by ERISA

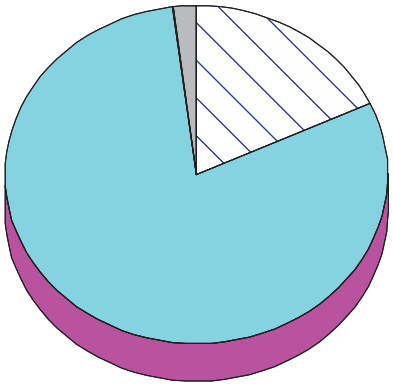
a The cost of participant-directed investments is not required to be disclosed.

REVALUED STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2013 - 12/31/2013

REVMAN INTERNATIONAL, INC.
401(K) PROFIT SHARING PLAN
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



Investment Category	Shares/Units	Price/NAV	Cost/Book Value	Market Value	Difference
CERT OF DEPOSIT / BANK DEPOSIT					
RETIREMENT BANK ACCOUNT	2,024,187.0300	1.000	2,024,187.03	2,024,187.03	0.00
RETIREMENT BANK ACCOUNT	57,861.4185	1.000	57,861.41	57,861.42	0.01
TOTAL CERT OF DEPOSIT / BANK			2,082,048.44	2,082,048.45	0.01
MUTUAL FUNDS					
FIRST EAGLE GOLD FD C A	51.3030	14.510	946.92	744.41	(202.51)
COLUMBIA BALANCED FUND CL A	2,471.9955	34.540	73,132.44	85,382.72	12,250.28
PIMCO COMMODITY REAL RET STR A	3,970.6008	5.410	24,583.34	21,480.95	(3,102.39)
PIMCO ALL ASSET FUND CLASS A	37,515.5356	12.090	470,452.21	453,562.83	(16,889.38)
COLUMBIA DIVIDEND INCOME	24,740.1553	18.320	375,294.73	453,239.65	77,944.92
COLUMBIA DIVIDEND INCOME GM	20,275.7724	18.320	311,541.33	371,452.15	59,910.82
WELLS FARGO ADV PREMIER LARGE	25,875.0834	14.330	281,480.26	370,789.95	89,309.69

REVALUED STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2013 - 12/31/2013

REVMAN INTERNATIONAL, INC.
401(K) PROFIT SHARING PLAN
CONSOLIDATION

Investment Category	Shares/Units	Price/NAV	Cost/Book Value	Market Value	Difference
WELLS FARGO ADV PREMIER LRG GM	9,292.1060	14.330	104,026.79	133,155.88	29,129.09
VICTORY ESTABLISHED	15,688.2673	34.430	444,261.91	540,147.04	95,885.13
VICTORY ESTABLISHED GM	5,509.6656	34.430	160,146.55	189,697.79	29,551.24
PIMCO INVESTMENT GRADE CP A	151,467.5007	10.240	1,677,417.62	1,551,027.21	(126,390.41)
PIMCO INVESTMENT GRADE A GM	51,267.4361	10.240	563,415.64	524,978.55	(38,437.09)
GOLDMAN SACHS SMALL-MID CAP A	14,944.3194	19.940	236,929.87	297,989.73	61,059.86
GOLDMAN SACHS SMALL-MID CAP GM	5,519.8993	19.940	90,566.07	110,066.79	19,500.72
HARTFORD INFLATION PLUS CL R4	7,057.3255	10.640	85,447.42	75,089.94	(10,357.48)
BLACKROCK S&P 500 STOCK FUND I	2,322.9559	221.970	358,406.54	515,626.52	157,219.98
BLACKROCK GLOBAL ALLOC A	17,473.8202	21.330	348,848.31	372,716.58	23,868.27
BLACKROCK S&P500 INDEX I	0.0000	18.977	49,507.19	0.00	(49,507.19)
IVY INTERNATIONAL CORE EQUITY	4,629.5608	18.820	72,131.20	87,128.33	14,997.13
IVY INTERNATIONAL CORE EQTY GM	12,962.7814	18.820	206,323.58	243,959.55	37,635.97
CLEARBRIDGE APPRECIATION FD A	46,168.0050	19.350	739,429.51	893,350.90	153,921.39
AMERICAN FUNDS EUROPACIFIC GRT	2,892.7204	49.070	120,621.18	141,945.79	21,324.61
AMERICAN FUNDS EUROPACIFIC GM	5,033.9093	49.070	212,550.26	247,013.93	34,463.67
DELAWARE SM CAP VALUE FD CL A	4,607.9300	52.490	189,974.40	241,870.25	51,895.85
DELAWARE SM CAP VAL FD CL A GM	2,498.5082	52.490	106,461.09	131,146.70	24,685.61
ALLIANCEBERSTEIN SML CAP GR A	2,665.5753	51.070	110,081.60	136,130.93	26,049.33
ALLIANCEBERSTEIN SML CP A GM	1,133.7189	51.070	46,022.18	57,899.02	11,876.84
PUTNAM AMERICAN GOV INC CL A	10,543.9282	8.940	96,394.42	94,262.72	(2,131.70)
PUTNAM GM AMERICAN GOV INC C A	56,660.8744	8.940	516,574.41	506,548.22	(10,026.19)
FRANKLIN DYNA CUST FDS INC SER	5,073.2728	44.540	172,666.36	225,963.57	53,297.21

REVALUED STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2013 - 12/31/2013

REVMAN INTERNATIONAL, INC.
401(K) PROFIT SHARING PLAN
CONSOLIDATION

Investment Category	Shares/Units	Price/NAV	Cost/Book Value	Market Value	Difference
FRANKLIN DYNA CUST FDS INC GM	2,979.2463	44.540	104,349.11	132,695.63	28,346.52
TOTAL MUTUAL FUNDS			8,349,984.44	9,207,064.23	857,079.79
OTHER ASSETS					
SELF-DIRECT ACCT	3,464.6900	1.000	3,464.69	3,464.69	0.00
LOANS					
LOAN FUND	226,876.9400	1.000	226,876.94	226,876.94	0.00
PENDING SETTLEMENT FUNDS					
PENDING SETTLEMENT FUND	50.0000	1.000	50.00	50.00	0.00
INVESTMENT TOTAL			10,662,424.51	11 519 504.31	857,079.80
UNINVESTED CASH			0.00	0.00	0.00
ACCRUED INCOME			5,079.55	5,079.55	0.00
TOTAL ASSETS			10,667,504.06	11,524,583.86	857,079.80

A portion of the balance displayed in the BIF Money Fund or the Merrill Lynch Bank Deposit Program (MLBD Program) may contain a pending deposit. If cash funds are invested / deposited in the BIF or MLBD Program, sweep activity details are available upon request.