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
BIDART BROS. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/1965

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

BIDART BROS.

4813 CALLOWAY DRIVE
BAKERSFIELD, CA 93312

2b Employer Identification Number (EIN)
95-1657546

2c Sponsor's telephone number
661-410-1400

2d Business code (see instructions)
111210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	LEONARD BIDART
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	224
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**	167
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	68
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	235
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	235
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	149
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 2G 2J 2T 3D

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)	[X]	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)	[X]	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)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[ ]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
BIDART BROS. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BIDART BROS.

D Employer Identification Number (EIN)
95-1657546

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

ING LIFE INSURANCE AND ANNUITY COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
71-0294708	86509	878395	149	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ OTHER GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	2519137
c	Additions: (1) Contributions deposited during the year	7c(1)	176429		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	68804		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	560		
	▶ LOAN PAYMENTS				
	(6) Total additions			7c(6)	245793
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	2764930
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	365870		
	(2) Administration charge made by carrier	7e(2)	2124		
	(3) Transferred to separate account	7e(3)	92853		
	(4) Other (specify below)	7e(4)	94		
	▶ LOAN DISBURSEMENTS				
	(5) Total deductions			7e(5)	460941
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2303989

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision)	**b** ☐ Dental	**c** ☐ Vision	**d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness)	**f** ☐ Long-term disability	**g** ☐ Supplemental unemployment	**h** ☐ Prescription drug
i ☐ Stop loss (large deductible)	**j** ☐ HMO contract	**k** ☐ PPO contract	**l** ☐ Indemnity contract
m ☐ Other (specify) ▶			

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
BIDART BROS. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BIDART BROS.

D Employer Identification Number (EIN)
95-1657546

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).. . . . . [X] 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

ING LIFE INSURANCE & ANNUITY CO

71-0294708

(b) Enter name and EIN or address of person who provided you disclosure 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)

(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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

a Name: STOUGHTON DAVIDSON ACCOUNTANCY CORP	**b** EIN: 94-2248751	
c Position: ACCOUNTANT		
d Address: 2520 WEST SHAW LANE STE 101 FRESNO, CA 93711	**e** Telephone: 559-436-1200	

Explanation: TO IMPROVE THE TIMELINESS AND ACCURACY OF THE ENGAGEMENT

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
BIDART BROS. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BIDART BROS.

D Employer Identification Number (EIN)
95-1657546

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7027	9704
(2) Participant contributions	1b(2)	69	9
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	3952093	5172418
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2519137	2303989
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6478326	7486120
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	6478326	7486120

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)	136184	
(B) Participants	2a(1)(B)	266251	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		402435
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)		0
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		945533
c Other income	2c		68805
d Total income. Add all **income** amounts in column (b) and enter total	2d		1416773
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	406674	
(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)		406674
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)	2305	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2305
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		408979
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1007794
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)** [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: MORSE WITTWER SAMPSON, LLP **(2)** EIN: 26-2521787

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
BIDART BROS. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BIDART BROS.

D Employer Identification Number (EIN)
95-1657546

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): 71-0294708

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):

BIDART BROS. 401(k)
PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

AUDITED
DECEMBER 31, 2013

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MWS
MORSE WITTWER SAMPSON, LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

Christopher B. Morse
Sheryl E. Morse
Kenneth T. Wittwer
Doug A. Sampson
Robert S. Swanton
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The Trustees
Bidart Bros. 401(k) Profit Sharing Plan
Bakersfield, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Bidart Bros. 401(k) Profit Sharing Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by ING Life Insurance and Annuity Company, the custodian of the Plan, respectively, 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 ING Life Insurance and Annuity Company holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the custodian as of and for the year ended December 31, 2013, that the information provided to the plan administrator by the custodian is complete and accurate.

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 – Supplemental Schedule

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at year end, which is the responsibility of Plan management, are 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 schedule referred to above.

Other Matter – 2012 Statement of Net Assets Available for Benefits

The statement of net assets available for benefits as of December 31, 2012, was audited by predecessor auditors. 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 (ERISA), the Plan Administrator instructed the predecessor auditors to not perform, and they did not perform, any auditing procedures with respect to the information certified by ING Life Insurance and Annuity Company, the custodian of the Plan. Their report, dated October xx, 2012, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the statement of net assets available for benefits and (b) the form and content of the information included in the financial statement other than that derived from the information certified by the custodian, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matter – Restatement

As discussed in Note 12 to the accompanying financial statements, the 2012 statement of net assets available for benefits has been restated to properly report the adjustment from fair value to contract value for a fully benefit-responsive annuity contract.

Report on Form and Content in Compliance with DOL Rules and Regulations 2013

The form and content of the information included in the 2013 financial statements and supplemental schedule, 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.

Morse Wittwer Sampson, LLP

October 13, 2014
Morse Wittwer Sampson, LLP
Fresno, California

BIDART BROS. 401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2013 and 2012 (Restated)

	2013	(Restated) 2012
Investments - Participant Directed - At Fair Value		
Separate accounts	$ 5,172,418	$ 3,952,093
Fixed income annuity contract	2,395,335	2,774,933
Total investments	7,567,753	6,727,026
Receivables		
Employer contributions	9,704	7,027
Employee contributions	9	69
Total receivables	9,713	7,096
Total assets	7,577,466	6,734,122
Adjustment from fair value to contract value for fully benefit-responsive annuity contract	(91,346)	(255,796)
Net assets available for benefits	$ 7,486,120	$ 6,478,326

See Independent Auditor's Report and Notes to Financial Statements.

BIDART BROS. 401(k) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2013

Additions to Net Assets Attributed to:		
Investment Income:		
Net appreciation in fair value of separate accounts	$	945,533
Interest on fixed income annuity contract		68,805
		1,014,338
Contributions:		
Participants'		266,251
Employer's		136,184
		402,435
Total additions		1,416,773
Deductions from Net Assets Attributed to:		
Benefits paid to participants		406,674
Administrative expenses		2,305
Total deductions		408,979
Net increase		1,007,794
Net Assets Available for Benefits:		
Beginning of year		6,478,326
End of year	$	7,486,120

See Independent Auditor's Report and Notes to Financial Statements.

Note 1. Description of the Plan

The following description of the Bidart Bros. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General: The Plan is a single employer profit-sharing plan established July 11, 1977 for the benefit of the employees of Bidart Bros., Wheeler Farms, and Ag Support Services, Inc. (three separate entities under common control, hereafter referred to as the "Company"). The Plan Sponsor is the Company. The Plan is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code ("IRC") and similar state tax laws. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility: Employees of the Company who have attained age twenty-one (21) and completed twelve (12) months of service in which the employee works at least 1,000 hours, are eligible to participate in the salary deferral portion of the Plan. Eligible employees may elect to participate in the Plan on either of the first day of the Plan year, January 1 or July 1 following his or her first date of eligibility. There were 149 participants in the Plan at December 31, 2013.

Contributions: Each year, participants may contribute pretax compensation up to the maximum annual deferral limit as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified retirement plans in the form of "roll-over contributions". The Company may make discretionary contributions in an amount to be determined by the Company's board of directors each year. These contributions are allocated as a uniform percentage of included compensation to all eligible participants. For the year ended December 31, 2013 the Company made no discretionary contributions to the Plan.

Additionally, under the Company's safe harbor matching provision, the Company makes non-discretionary contributions to the Plan equal to 100% of participants' contributions up to 3% of participants' eligible wages and 50% of participants' contributions from 3% to 5% of participants' eligible wages. For the year ended December 31, 2013, the Company made non-discretionary contributions to the Plan of $136,184 under the Company's safe harbor matching provision.

Participant Accounts: Each participant's account is credited with the participant's contribution, the Company's discretionary and/or non-discretionary contributions, and Plan earnings/(losses). Allocations are based on participant 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.

Participants' Investment Options: Upon enrollment in the Plan, a participant may direct employee contributions and the related matching contributions by the Company into one or more investment funds (currently nineteen funds managed by ING Life Insurance and Annuity Company). Participants may change their investment options at any time through a manual form, the internet, or by telephone.

Note 1. Description of the Plan (Continued)

Payment of Benefits: On termination of service due to death, disability or retirement, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. For distributions of $5,000 or less, the Plan Administrator may distribute the amount early without the participant's consent. At December 31, 2013, amounts allocated to participants who have elected to withdraw from the Plan but have not been paid was $0.

Forfeitures: Forfeitures can be used to pay Plan expenses or reduce Company contributions to the Plan. At December 31, 2013, there were no forfeited non-vested accounts. During the year ended December 31, 2013, forfeitures in the amount of $1,756 were used to pay Plan expenses.

Vesting: Participant elective contributions plus actual earnings are immediately 100% vested with the related matching contributions by the Company vesting on a six-year, graded schedule as follows:

Years of Service	Amount
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years or more	100%

In the event of the death or disability of a participant who is employed by the Company, his or her account shall become 100% vested. A participant who is employed by the Company shall become 100% vested upon attaining his or her normal retirement age of 65.

Notes Receivable from Participants: Participant loans are not permitted.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting: The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a profit sharing plan attributable to fully benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

The Statement of Net Assets Available for Benefits presents the fair value of the investment contract as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value, which is $(91,346) for the year ended December 31, 2013. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Note 2. Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year and as of year-end.

Payment of Benefits: Benefit payments to participants are recorded when paid.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Administrative Expenses: Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. The Company absorbs the cost of the annual audit and various indirect administrative expenses. Certain other administrative expenses, primarily investment fees, are paid directly by the Plan to the custodian or third party administrator.

Note 3. Information Certified by Custodian

The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the custodian as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Investments that represent 5 percent or more of the net assets of the Plan are separately identified; investments that have a net asset value of less than 5 percent of the Plan's total net assets have been combined:

Note 3. Information Certified by Custodian (Continued)

The fair value of investments at December 31, 2013, as reported by the Custodian, is summarized as follows:

	Amount
Investments that represent 5 percent or more:	
ING Fixed Income Annuity Contract	$ 2,395,335
Separate accounts:	
Black Rock Equity Dividend Fund	813,148
T. Rowe Price Mid-Cap Growth Fund	654,763
American Funds Growth Fund of America	641,828
ING Investments Solution 2025 Porfolio	454,857
ING Investments Small Cap Opportunities	422,495
ING Investments Fidelity VIP Contrafund Portfolio	394,254
ING Investments Solution Income Portfolio	378,478
All other separate accounts combined	1,412,595
	$ 7,567,753

The Custodian also certified to the completeness and accuracy of $1,014,338, of investment income, related to the aforementioned investments for the year ended December 31, 2013.

Note 4. Fair Value Measurements

The Plan's investments in securities and mutual funds are reported at fair value in the accompanying statements 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 fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. There were no Level 1 inputs available to the Plan. Level 3 inputs were used for measuring the fair value of the fixed income annuity contract. Level 2 inputs were used for measuring the fair value of the separate accounts.

Note 4. Fair Value Measurements (Continued)

Level 2 Fair Value Measurements

The fair value of the Separate Accounts is based on the Accumulation Unit Value of the shares or units held by the Plan at year-end. A Separate Account is an account established to hold pooled money earmarked for investment through products offered by ING Life Insurance and Annuity Company ("ING"). A Separate Account can invest the funds allocated to the variable investment in one or more underlying mutual funds.

Accounting standards allow for the use of a practical expedient for the estimations of the fair value of investments in investment companies or private investments for which the investment does not have a readily determinable fair value. The practical expedient used by the Plan to value these investments (which consist solely of the separate accounts) is the Accumulation Unit Value ("AUV") per unit, or its equivalent. An AUV is a reflection of the underlying Fund's daily performance plus any applicable dividend income, less the daily Separate Account charge. The AUV is a computed using a variety of net return factors and may increase or decrease due to investment gain or loss.

Level 3 Fair Value Measurements

The ING Fixed Account (the "Contract") is available through an annuity contract issued by ING Life Insurance and Annuity Company ("ING"). The Contract is an obligation of ING's general account which supports all of ING's insurance and annuity commitments. The Contract is intended to be a long-term investment for participants seeking stability of principal. Partial surrenders from the Contract are limited to once per 90 calendar days and are not subject to a surrender charge. Partial surrenders plus transfers are limited annually to 20% of the current value in the fixed account as of January 1 of each calendar year.

The guaranteed annuity contract with ING (see Note 5) is not actively traded and significant other observable inputs are not available. The fair value of the guaranteed annuity contract is determined by ING using a market value adjustment formula based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer of 3.0% at December 31, 2013.

Note 4. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013:

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Separate Accounts	$ -	$ 5,172,418	$ -	$ 5,172,418
Fixed Income Annuity Contract	-	-	2,395,335	2,395,335
Total assets at fair value	$ -	$ 5,172,418	$ 2,395,335	$ 7,567,753

The following table reconciles the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) of the guaranteed annuity contract with ING Life Insurance and Annuity Company for the year ended December 31, 2013:

	Amount
Beginning as of December 31, 2012	$ 2,774,933
Participant contributions	176,429
Interest	68,805
Other additions	560
Participant distributions	(365,870)
Transfers to Level 1 investments	(92,853)
Administrative expenses	(2,124)
Other deductions	(95)
Change in adjustment from fair value to contract value for fully benefit responsive annuity contract	(164,450)
Balance as of December 31, 2013	$ 2,395,335

Transfers out of Level 3 into Level 1 generally occur to satisfy participant distribution requests. Transfers are recognized as made.

Note 4. Fair Value Measurements (Continued)

The fair values of the following investments have been estimated using the Accumulation Unit Value per share of the separate accounts as of December 31, 2013. There are no unfunded commitments on any of these funds.

Separate Account	Fair Value 12/31/13	Redemption Frequency	Redemption Notice Period
Blackrock Equity Dividend Fund - a	$ 813,148	Daily	None
T. Rowe Price Mid-Cap Growth Fund - b	654,763	Daily	None
The Growth Fund of America - c	641,828	Daily	None
ING Solution 2025 Portfolio - d	454,857	Daily	None
ING Small-Cap Opportunities Portfolio - e	422,495	Daily	None
ING Fidelity VIP Contrafund Portfolio - f	394,254	Daily	None
ING Solution Income Portfolio- g	378,478	Daily	None
American Funds EuroPacific Growth - h	247,421	Daily	None
Ivy Asset Strategy Fund - i	198,961	Daily	None
ING Oppenheimer Global Portfolio- j	176,229	Daily	None
ING Pimco Bond Portfolio- k	176,069	Daily	None
Oppenheimer Developing Markets Fund - l	159,369	Daily	None
ING Baron Growth Portfolio- m	137,146	Daily	None
ING Solution 2035 Portfolio- n	81,145	Daily	None
ING Global Real Estate Fund- o	74,206	Daily	None
ING Solution 2015 Portfolio- p	66,511	Daily	None
ING Solution 2045 Portfolio- q	61,983	Daily	None
Oppenheimer International Bond Fund - r	33,555	Daily	None
	$ 5,172,418		

a – the investment seeks long-term total return and current income by investing primarily in a diversified portfolio of equity securities and generally focuses on large cap securities.

b – the investment objective is to provide long-term capital appreciation by investing in mid-cap stocks offering the potential for above-average earnings growth. The fund defines mid-cap companies as those whose market capitalization falls within the range of either the S&P Midcap 400 Index or the Russell Midcap Growth Index.

c – the investment objective is to provide growth of capital by investing primarily in common stocks.

d – the investment seeks to provide total return consistent with an asset allocation targeted at retirement in approximately 2025.

e – the investment seeks capital appreciation by investing in common stocks of smaller, lesser-known U.S. companies with market capitalizations that fall within the range of companies in the Russell 2000 Growth Index.

f – the investment seeks long-term capital appreciation by investing all of its assets in shares of a master fund. In turn, the master fund normally invests primarily in securities of companies whose value is not believed to be fully recognized by the public.

g – the investment seeks a combination of total return and stability of principal consistent with an asset allocation targeted to retirement.

h – the investment's objective is to provide a long-term growth of capital by investing in companies based chiefly in Europe and the Pacific Basin, ranging from small firms to large corporations.

Note 4. Fair Value Measurements (Continued)

i – the investment utilizes a blend of top-down and bottom-up approaches when selecting stocks and concentrates on sectors that are likely to grow at a faster rate than the economy.

j – the investment seeks capital appreciation and invests primarily in equity securities of U.S. and foreign-based companies and focuses its investments in mid- and large-cap companies primarily in developed markets.

k – the investment seeks maximum total return, consistent with capital preservation and prudent investment management and invests primarily in a diversified portfolio of fixed-income instruments of varying maturities.

l – the investment seeks long-term growth opportunities in emerging markets.

m – the investment seeks capital appreciation and invests primarily in the securities of small-sized growth companies with market capitalizations of under $2.5 billion.

n – the investment seeks to provide total return consistent with an asset allocation targeted at retirement in approximately 2035.

o – the investment seeks growth potential, income, and diversification through its investments in global real estate investment trusts.

p – the investment seeks to provide total return consistent with an asset allocation targeted at retirement in approximately 2015, at which time it will seek to provide a combination of total return and stability of principal.

q – the investment seeks to provide total return consistent with an asset allocation targeted at retirement in approximately 2045.

r – the investment seeks to provide diversified exposure to foreign bond markets by investing in a strategic mix of fixed income securities of issuers in both developed and emerging market countries.

Note 5. Fixed Account Annuity Contract with Custodian

The Plan has entered into a fully benefit-responsive guaranteed annuity contract with ING. ING maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed annuity contract issuer is contractually obligated to repay the principal and a specified interest that is guaranteed to the Plan.

Because the guaranteed annuity contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed annuity contract. The guaranteed annuity contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by ING, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan has entered into a fully benefit-responsive guaranteed annuity contract with ING. ING maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed annuity contract issuer is contractually obligated to repay the principal and a specified interest that is guaranteed to the Plan.

Note 5. Fixed Account Annuity Contract with Custodian (Continued)

Because the guaranteed annuity contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed annuity contract. The guaranteed annuity contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by ING, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2013, was $2,395,335. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3%. Such interest rates are reviewed on an annual basis for resetting.

The fund has the following restrictions:

- Transfers from this fund may not be made directly to a competing fund;
- Transfers from this fund will prevent transfers to a competing fund for 90 days;
- No systematic allocations to or from this fund;
- Market value adjustments per contract formula for non-benefit surrenders.

Certain events limit the Plan's ability to transact at contract value with ING. Such events include the following: (a) amendments to the Plan documents, (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan Sponsor events that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the ERISA. The Custodian does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

The guaranteed annuity contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The average yields of the guaranteed annuity contract for the year ended December 31, 2013 are as follows:

	Amount
Average Yields:	
Based on actual earnings	2.87%
Based on interest rate credited to participants	2.87%

Note 6. Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008, that the Plan and related trust is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan was amended with a pre-approved prototype plan document since receiving its determination letter, the Plan Administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore believes that the Plan and related trust is tax exempt.

Accounting principles generally accepted in the United States of America require the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. 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 7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Participants become 100% vested in the Company's contribution in the event of termination.

Note 8. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of the financial statements as of and for the year ended December 31, 2013 to Schedule H of Form 5500:

	Form 5500 (Cash Basis)	Financial Statements (Accrual Basis)	Difference
Investments – participant directed – at fair value			
Separate accounts	$ 5,172,418	$ 5,172,418	$ -
Fixed income annuity contract	2,303,989	2,395,335	91,346
Receivables	9,713	9,713	-
Adjustment from fair value to contract value for fully benefit responsive annuity contract	-	(91,346)	(91,346)
Net assets, ending	$ 7,486,120	$ 7,486,120	$ -

The above reconciliation reflects the adjustment from fair value to contract value for the fully benefit responsive annuity contract as of December 31, 2013.

Note 9. Risks and Uncertainties

The Plan invests in various investment securities, including Company 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 statements of net assets available for benefits.

Note 10. Party-in Interest Transactions

As discussed in Note 2, certain administrative expenses are paid for by the Plan sponsor. Investment, consulting, and advisory fees are paid directly by the Plan to the third party administrator, the investment advisor, and the custodian of the investments. Fees paid by the Plan for investment management services amounted to $2,305 for the year ended December 31, 2013. The Plan's assets are invested with ING Life Insurance and Annuity Company, which is also the Custodian. These party-in interest transactions are exempt from the prohibited transaction rules of ERISA.

Note 11. 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.

Note 12. Restatement

The 2012 Statement of Net Assets Available for Plan Benefits was restated to properly record the adjustment from fair value to contract value for the Plan's investment in a fully benefit-responsive insurance contract as required by U.S. generally accepted accounting principles. This adjustment increased the investment by $255,796, and decreased the adjustment by $(255,796). There was no impact to net assets available for benefits.

Note 13. Subsequent Events

The date to which events occurring after December 31, 2013, the date of the most recent statement of net assets available for benefits, have been evaluated for possible adjustment to the financial statements or disclosure is October 13, 2014, which is the date on which the financial statements were available to be issued. There were no subsequent events required to be disclosed.

SUPPLEMENTAL SCHEDULE

BIDART BROS. 401(k) PROFIT SHARING PLAN
EMPLOYER I.D. 95-1657546
PLAN NO. 002

SCHEDULE H, ITEM 4i -SCHEDULE OF ASSETS
HELD AT YEAR END
AS OF DECEMBER 31, 2013

(a)	(b) Identity of Issue, Borrowed, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
**	ING Life Insurance Company	Fixed Account, 3% guaranteed interest	*	$ 2,395,335
**	ING Life Insurance Company	BlackRock Equity Dividend Fund - Class R	*	813,148
**	ING Life Insurance Company	T. Rowe Price Mid-Cap Growth Fund - R Class	*	654,763
**	ING Life Insurance Company	American Funds The Growth Fund of America - Class R3	*	641,828
**	ING Life Insurance Company	ING Solution 2025 Portfolio - Adviser Class	*	454,857
**	ING Life Insurance Company	ING SmallCap Opportunities Portfolio - Class I	*	422,495
**	ING Life Insurance Company	ING Fidelity VIP Contrafund Portfolio - Service Class	*	394,254
**	ING Life Insurance Company	ING Solution Income Portfolio - Adviser Class	*	378,478
**	ING Life Insurance Company	American Funds EuroPacific Growth Fund - Class R3	*	247,421
**	ING Life Insurance Company	Ivy Asset Strategy Fund - Class Y	*	198,961
**	ING Life Insurance Company	ING Oppenheimer Global Portfolio - Initial Class	*	176,229
**	ING Life Insurance Company	ING PIMCO Bond Portfolio - Initial Class	*	176,069
**	ING Life Insurance Company	Oppenheimer Developing Markets Fund - Class A	*	159,369
**	ING Life Insurance Company	ING Baron Growth Portfolio - Initial Class	*	137,146
**	ING Life Insurance Company	ING Solution 2035 Portfolio - Adviser Class	*	81,145
**	ING Life Insurance Company	ING Global Real Estate Fund - Class A	*	74,206
**	ING Life Insurance Company	ING Solution 2015 Portfolio - Adviser Class	*	66,511
**	ING Life Insurance Company	ING Solution 2045 Portfolio - Adviser Class	*	61,983
**	ING Life Insurance Company	Oppenheimer International Bond Fund - Class A	*	33,555
				$ 7,567,753

* Pursuant to instructions for Form 5500, Schedule H, Part IV, Line i, a special rule exempts disclosure of the cost of investments for plans with participant-directed transactions. Because the Plan qualifies under this special rule, no cost is disclosed.

** Represents parties-in-interest transactions.

Investments totalling $7,567,753 have been certified by ING Life Insurance and Annuity Company, the custodian as complete and accurate.

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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 ☒ 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
BIDART BROS. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/1965

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

4813 CALLOWAY DRIVE

BAKERSFIELD CA 93312

2b Employer Identification Number (EIN) 95-1657546

2c Sponsor's telephone number 661-410-1400

2d Business code (see instructions) 111210

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	Signature of plan administrator	Date 10-15-14	Enter name of individual signing as plan administrator LEONARD BIDART
SIGN HERE	Signature of employer/plan sponsor	Date 10-15-14	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 [X] 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	224
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	167
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	68
d Subtotal. Add lines 6a, 6b, and 6c	6d	235
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	235
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	149
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
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 2G 2J 2T 3D

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)		9b Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	(1) [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	(2) [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	(3) [X]	Trust
(4) [ ]	General assets of the sponsor	(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		b General Schedules		
(1) [X]	R (Retirement Plan Information)	(1) [X]		H (Financial Information)
(2) [ ]	MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) [ ]		I (Financial Information – Small Plan)
		(3) [X]	1	A (Insurance Information)
		(4) [X]		C (Service Provider Information)
(3) [ ]	SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) [ ]		D (DFE/Participating Plan Information)
		(6) [ ]		G (Financial Transaction Schedules)

BIDART BROS. 401(k) PROFIT SHARING PLAN
EMPLOYER I.D. 95-1657546
PLAN NO. 002

SCHEDULE H, ITEM 4i -SCHEDULE OF ASSETS
HELD AT YEAR END
AS OF DECEMBER 31, 2013

(a)	(b) Identity of Issue, Borrowed, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
**	ING Life Insurance Company	Fixed Account, 3% guaranteed interest	*	$ 2,395,335
**	ING Life Insurance Company	BlackRock Equity Dividend Fund - Class R	*	813,148
**	ING Life Insurance Company	T. Rowe Price Mid-Cap Growth Fund - R Class	*	654,763
**	ING Life Insurance Company	American Funds The Growth Fund of America - Class R3	*	641,828
**	ING Life Insurance Company	ING Solution 2025 Portfolio - Adviser Class	*	454,857
**	ING Life Insurance Company	ING SmallCap Opportunities Portfolio - Class I	*	422,495
**	ING Life Insurance Company	ING Fidelity VIP Contrafund Portfolio - Service Class	*	394,254
**	ING Life Insurance Company	ING Solution Income Portfolio - Adviser Class	*	378,478
**	ING Life Insurance Company	American Funds EuroPacific Growth Fund - Class R3	*	247,421
**	ING Life Insurance Company	Ivy Asset Strategy Fund - Class Y	*	198,961
**	ING Life Insurance Company	ING Oppenheimer Global Portfolio - Initial Class	*	176,229
**	ING Life Insurance Company	ING PIMCO Bond Portfolio - Initial Class	*	176,069
**	ING Life Insurance Company	Oppenheimer Developing Markets Fund - Class A	*	159,369
**	ING Life Insurance Company	ING Baron Growth Portfolio - Initial Class	*	137,146
**	ING Life Insurance Company	ING Solution 2035 Portfolio - Adviser Class	*	81,145
**	ING Life Insurance Company	ING Global Real Estate Fund - Class A	*	74,206
**	ING Life Insurance Company	ING Solution 2015 Portfolio - Adviser Class	*	66,511
**	ING Life Insurance Company	ING Solution 2045 Portfolio - Adviser Class	*	61,983
**	ING Life Insurance Company	Oppenheimer International Bond Fund - Class A	*	33,555
				$ 7,567,753

* Pursuant to instructions for Form 5500, Schedule H, Part IV, Line i, a special rule exempts disclosure of the cost of investments for plans with participant-directed transactions. Because the Plan qualifies under this special rule, no cost is disclosed.

** Represents parties-in-interest transactions.

Investments totalling $7,567,753 have been certified by ING Life Insurance and Annuity Company, the custodian as complete and accurate.