For	Form 5500-SF Short Form Annual Return/Report of Small Emplo						OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			е		2013		
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 1 the Internal I	974 (ERISA), and sec Revenue Code (the Co		(a) of	This Form i	s Open to Public		
Pension Be	enefit Guaranty Corporation	Complete all entries in accordation	ance with the instruc	tions to the Form 550	Inspection 00-SF.				
Part I Annual Report Identification Information									
For calenda	ar plan year 2013 or fisca			and ending 1	12/31/2013				
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)	a one-participant plan				
B This ret	turn/report is:	the first return/report the first return/report	he final return/report						
	Ĺ	an amended return/report	onths						
C Check I	box if filing under:	Form 5558	Form 5558 automatic extension DFVC progr						
		special extension (enter description))						
Part II	Basic Plan Inform	mation—enter all requested informat	ion						
1a Name	•				1b	Three-digit			
ERWIN LOB	O BIELINSKI PLLC INCE	ENTIVE SAVINGS PLAN AND TRUST	Ē			plan number (PN) ▶	001		
					1c	Effective date o			
					10	01/01/2009			
	ponsor's name and addre	ess; include room or suite number (em	ployer, if for a single-e	employer plan)	2b	Employer Identi			
37 WEST 39	OTH STREET				2c	Sponsor's telephone number 212-391-4750			
SUITE 1201					2d	Business code (see instructions) 541310			
3a Plan a	dministrator's name and	address Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's	Administrator's EIN		
				- 1	3c				
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.					4b	b EIN			
a Spons	or's name				4c PN				
5a Total r	number of participants at	t the beginning of the plan year			5a		7		
b Total r	number of participants at	t the end of the plan year			5b		6		
		count balances as of the end of the pla	, ,	•	5c		6		
-		during the plan year invested in eligible							
b Are yo	ou claiming a waiver of th 29 CFR 2520.104-46? (\$	PA)							
		er line 6a or line 6b, the plan cannot							
C If the p	plan is a defined benefit p	plan, is it covered under the PBGC insi	urance program (see l	ERISA section 4021)? .		Yes No	Not determined		
Caution: A	nenalty for the late or	incomplete filing of this return/repo	ort will be assessed u	unless reasonable cau	ise is	established.			
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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
SIGN HERE	Filed with authorized/val	lid electronic signature.	06/10/2014	RONALD BIELINSKI, P.E., AIA, CIH					
	Signature of plan adm	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN									
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sid	ning as emplove	er or plan sponsor		
Preparer's		me, if applicable) and address; include					number (optional)		

a Total plan assets 7a 547672 080480 b Total plan labilities 7b 0 0 c Net plan assets (subtract ine 7b from line 7a) 7c 547672 680480 a Combutions received or receivable from: 7c 547672 680480 a Combutions received or receivable from: 7c 547672 680480 (2) Participants 8a(1) 75333 0 0 (3) Others (including relovers) 8a(3) 0 0 0 143259 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 14451 143259 C Orbit income (add lines 8d(1), 8a(2), 8a(3), and 8b) 8c 143259 143259 G Other equenes 8g 0 143259 143259 G Other equenes 8g 0 143259 143259 G Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 10451 143259 G The plan provides benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 22 38 132806 Part IV Plan Characteristics 8g 1 132806 B If the plan provides bene	7 Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year			
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d Benefits paid (including direct rollovers and insurance premiums and insurance premium and premulticed premium and premiu			222	6						
to provide benefits)		8c			_			143259		
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12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. DayYear	 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 	ciary Correc ? (Do not inc fidelity bond er persons to of the benefit ? s of year end See instruct e required r	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h		× × × × × × ×			15000	
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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correc ? (Do not inc fidelity bond er persons to of the benefit n? s of year end s of year end s of year end s e instruct e required r I-3	ction Program) clude transactions reported clude transactions reported it, that was caused by fraud by an insurance carrier, its under the plan? (See clude) d.) tions and 29 CFR motice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X	(Form			
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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	 10 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correc ? (Do not inc fidelity bond er persons to of the benefit n? s of year end s of year end	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) d.) tions and 29 CFR motice or one of the es," see instructions and com e SB (Form 5500) line 39 ts of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Iule SE	3 (Form			
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C	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A				
Part VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	es X No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC?	ontrol		Yes X No				
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
13c(1) Name of plan(s): 13				13c(3) PN(s)				
Part	VIII Trust Information (optional)		1					
14a Name of trust								