-	m 5500-SF	Short Form Annu	OMB Nos. 1210- 1210-						
Inter De	rtment of the Treasury nal Revenue Service epartment of Labor enefits Security Administration	This form is required to be filed under sections 104 and 4065 of the Employee Re Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).				2018 This Form is Open to			
-	enefit Guaranty Corporation	<ul> <li>Complete all entries in a</li> </ul>	,	,	00-SF	Public Inspection			
Part I	Annual Report	Identification Information							
For calenda	ar plan year 2018 or fis	cal plan year beginning 01/01/2	2018	and ending 12/	/31/2018				
A This ret	urn/report is for:	lan (not multiemployer) (F mployer information in acc		king this box must attach a rith the form instructions.)					
R This retu	urn/report is	a one-participant plan	a foreign plan						
		the first return/report	the final return/report		<i>4</i> )				
0		an amended return/report	a short plan year retu	rn/report (less than 12 mo	nths)				
C Check I	box if filing under:	Form 5558	automatic extension	L	DFVC p	rogram			
Dant II	Decis Dien Infe	special extension (enter descr	1 ,						
Part II	•	rmation—enter all requested int	formation		1h Thro	o diait			
1a Name JOHN L. CO	•	ROFIT SHARING PLAN			•	number			
				-	(PN)	tive date of plan			
						01/01/2008			
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)					2b Employer Identification Number (EIN) 26-0723840				
•	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CORDO & COMPANY, LLC				<b>2c</b> Sponsor's telephone number 518-445-2535				
440 \0/0 CLUD					<b>2d</b> Business code (see instructions)				
SUITE 2C ALBANY, NY	IGTON AVENUE 12210				541110				
3a Plan a	dministrator's name an	d address 🛛 Same as Plan Spor	nsor.		<b>3b</b> Administrator's EIN				
				-	<b>3c</b> Administrator's telephone number				
4 If the r	name and/or EIN of the	plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN				
this pl		nsor's name, EIN, the plan name a		the last return/report.	<b>4d</b> PN				
C Plan N					TU FIN				
5a Total r	number of participants	at the beginning of the plan year			5a	8			
<b>b</b> Total r	number of participants	at the end of the plan year			5b	9			
		account balances as of the end of			5c	9			
<b>d(1)</b> Tota	al number of active par	ticipants at the beginning of the pl	an year		5d(1)	4			
• • •	•	ticipants at the end of the plan year			5d(2)	<b>2)</b> 6			
		terminated employment during the			5e	0			
Caution: A	penalty for the late of	or incomplete filing of this return	n/report will be assessed	unless reasonable caus					
SB or Sche		ner penalties set forth in the instruct ad signed by an enrolled actuary, a plete.							
SIGN	Filed with authorized/	valid electronic signature.	09/12/2019	JOHN L. CORDO					
HERE	Signature of plan a	dministrator	Date	Enter name of individu	al signing a	as plan administrator			
SIGN	Filed with authorized/	valid electronic signature.	09/12/2019	JOHN L. CORDO					
	HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor           For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.         Form 5500-SF.         Form 5500-SF (2018)								

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6a	Were all of the plan's assets during the plan year invested in eligible	assets?	(See instructions.)		X Yes 🗌 No			
b	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility an				X Yes 🗌 No			
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	If the plan is a defined benefit plan, is it covered under the PBGC insu	urance p	rogram (see ERISA section 4021)?	Yes No	Not determined			
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC p	remium filing for this plan year		. (See instructions.)			
<b>D</b> -								
Ра	rt III Financial Information							
_								

7 Plan Assets and Liabilities		(a) Beginning of	a) Beginning of Year			(b) End of Year
a Total plan assets	7a	1169			1194348	
<b>b</b> Total plan liabilities	7b		0			0
C Net plan assets (subtract line 7b from line 7a)	7c	1169	9539			1194348
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	90(1)	04	3600			
(1) Employers	8a(1) 8a(2)		5363	_		
(2) Participants	8a(3)	T	0			
b Other income (loss)	8b	-8'	1370			
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	, , , , , , , , , , , , , , , , , , ,				47593
<ul> <li>d Benefits paid (including direct rollovers and insurance premiums to provide benefits)</li></ul>	8d	1.	7176			
e Certain deemed and/or corrective distributions (see instructions)	8e		0			
f Administrative service providers (salaries, fees, commissions)	8f	ť	5608			
g Other expenses	8g		0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					22784
i Net income (loss) (subtract line 8h from line 8c)	ncome (loss) (subtract line 8h from line 8c) 8i					24809
<b>j</b> Transfers to (from) the plan (see instructions)	8j		0			
Part IV Plan Characteristics						
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2A2E2F2G2J2T3B3D3H	feature co	des from the List of Pla	n Chai	racteris	stic Co	odes in the instructions:
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan	Chara	acterist	ic Coo	les in the instructions:
Part V Compliance Questions						
<b>10</b> During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х	
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X	
<b>C</b> Was the plan covered by a fidelity bond?			10c	Х		265000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).					X	
${f f}$ Has the plan failed to provide any benefit when due under the plan	f Has the plan failed to provide any benefit when due under the plan?				Х	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			Х	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR						
		uctions and 29 CFR	10h		x	
	ne require	uctions and 29 CFR d notice or one of the	10h 10i		Х	

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
e	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	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	X N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		13	<b>:(3)</b> PN	۱(s)

	1							
Form 5500-SF								
Department of the Treasury Internal Revenue Service	This form is required to be	This form is required to be filed under sections 104 and 4065 of the Employee						
Department of Labor Employee Benefits Security Administration	Retirement Income Security A	Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of						
Pension Benefit Guaranty Corporation		ternal Revenue Code (the			Inspection			
	► Complete all entries in ac	cordance with the instr	uctions to the Form 55	00-SF.				
For calendar plan year 2018 or fisc	dentification Information							
		01/01/2018	and ending		31/2018			
A This return/report is for:	x a single-employer plan a one-participant plan	a list of participating			ecking this box must attach we with the form instructions.)			
B This return/report is:	the first return/report	a foreign plan						
	=	the final return/repor						
l	an amended return/report	a short plan year ret	urn/report (less than 12 r	nonths)				
C Check box if filing under:	x Form 5558	automatic extension		П	DFVC program			
ſ	special extension (enter descri			Π.				
Part II Basic Plan Infor				_				
1a Name of plan	mation enter all requested i	nformation		4h				
				1b Thr	n number			
	John L. Cordo, PLLC 401(k) Profit Sharing Plan							
					ective date of plan			
2a Plan sponsor's name (employ	er, if for a single-employer plan)				/01/2008			
Mailing Address (include room City or town, state or province	n, apt., suite no. and street, or P.C , country, and ZIP or foreign post	). Box) al code (if foreign, see ins	structions)	2b Employer Identification Number (EIN) 26-0723840				
Cordo & Company, LLC					2c Sponsor's telephone number (518) 445-2535			
110					2d Business code (see instructions)			
119 Washington Avenu Suite 2C	16			541110				
US Albany NY 12210								
3a Plan administrator's name and	d address X Same as Plan Spo	nsor		3b Adm	ninistrator's EIN			
				3c Adm	ninistrator's telephone number			
4				41				
	plan sponsor or the plan name ha sor's name, EIN, the plan name ar			4b EIN				
a Sponsor's name			ne last letaninepolt.	4d PN				
C Plan Name								
5a Total number of participants a	t the beginning of the plan year			5a	8			
	t the end of the plan year			5a 5b	9			
	count balances as of the end of th				9			
				5c	9			
d(1) Total number of active partic	cipants at the beginning of the plan	n year		5d(1)	4			
d(2) Total number of active partic				5d(2)	6			
	rminated employment during the p			5e	0			
Caution: A penalty for the late or	r incomplete filing of this return	report will be assesse	d unless reasonable ca	use is est	ablished			
Under penalties of perjury and other								
SB or Schedule MB completed and belief, it is true, correct/ and compl	d signed by an enrolled actuary, a	s well as the electronic v	ersion of this return/repo	ort, and to the	he best of my knowledge and			
	de	9/17/19	John L. Cordo					
HERE Signature of plan/adm/n	intrator	Data		el elector				
HERE Signature of plan/admin	AL	Date	Enter name of individu	al signing a	as plan administrator			
SIGN		9/12/17	John L. Cordo					
HERE Signature of employer/p	lan sponsor	Date	Enter name of individu	al signing a	as employer or plan sponsor			
For Paperwork Reduction Act No	otice, see the instructions for Fo	orm 5500-SF.			Form 5500-SF (2018)			

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										1	
6a	Were all of the plan's assets during the plan year invested in eligible		10			_		-	X Yes		
<ul> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> <li>under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> </ul>									$\Xi$	_	
	If you answered "No" to either line 6a or line 6b, the plan canno	and condition	tions.)	ataad		Form	5500		XYes		
с	If the plan is a defined benefit plan, is it covered under the PBGC in									atermined	
	If "Yes" is checked, enter the My PAA confirmation number from the								(See instru		
P	art III Financial Information										
7	Plan Assets and Liabilities	1,9,575	(a) Beginning o	f Yea	r	1		(b) End	of Year		
а	Total plan assets	7a		69,5		+		(-)	1,194,	348	
b	Total plan liabilities		1,1	00,0	0	+			-//	0	
с	Net plan assets (subtract line 7b from line 7a)		1 1	69,5	-	+			1,194,	348	
8	Income, Expenses, and Transfers for this Plan Year	1.	(a) Amount		55	+		(b) T			
а	Contributions received or receivable from: (1) Employers	0-141		33,6	00	1.11	397)	(2)	(c) <sup>10</sup>		
	(2) Participants					1				and and a	
_				15,3	0	1.1	1.42	111 1111		A STREET, SALAR	
b	(3) Others (including rollovers) Other income (loss)		(01	27	-		14.5	111 20- 115 114 2 114 10 12	a definition of the	20-31-7-11	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		[0]	1,37	n				BURNER .	100	
d	Benefits paid (including direct rollovers and insurance premiums		Martin Providence			1	1.50		47,5	93	
_	to provide benefits)		1	17,17			1	25- 434 5			
e	Certain deemed and/or corrective distributions (see instructions)				0	1-24 P	S	ESTER I			
f	Administrative service providers (salaries, fees, commissions)	8f		5,6	08	and the second states and a					
g	Other expenses	8g	<ul> <li>We construct a state of state of state</li> </ul>								
<u>h</u>	3,		1400	AND APPE				22,			
1	Net income (loss) (subtract line 8h from line 8c)	8i	and the state of the second	1200	· · · · · · · · · · · · · · · · · · ·				24,809		
Ļ	Transfers to (from) the plan (see instructions)	8j		_	0	6.1	1	http://www.com/	12111	「日本にない」	
	art IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2T 3B 3D 3H	eature co	des from the List of Plan C	harac	teristi	c Cod	es in th	e instruct	ions:		
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	es from the List of Plan Ch	aracte	eristic	Code	s in the	instructio	ons:	/	
D	art V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount		
	Was there a failure to transmit to the plan any participant contribut	tions with	in the time period				11.40				
č	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary F	iduciary Correction				1.12				
	Program)			10a		х		1.1			
k	<ul> <li>Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> </ul>	? (Do not	include transactions	10b		x	11. 11. 11.				
				10c	x				2	65,000	
d	• · · · · · · · · · · · · · · · · · · ·	fidelity bo	ond, that was caused	10d		x					
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e	7	x			1		
f				10f		x	1.1.10				
g				10g		x			0.000		
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)			10h		x			4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
i	If 10h was answered "Yes," check the box if you either provided th	ne require	d notice or one of the				51 6 8			1 - 11.4	

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Par	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete So (Form 5500 and line 11a below)	SB	Yes	X No	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		-	1
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or secti ERISA?	on 302	of	Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver Month	nd enter Da		of the letter Year	ruling
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		1	1	
b	Enter the minimum required contribution for this plan year	12b	1		
с	Enter the amount contributed by the employer to the plan for the plan year	12c	100		
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
Par	VII Plan Terminations and Transfers of Assets				1
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	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 control of the PBGC?		Ye	s X N	0
с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to	1	/	
1	3c(1) Name of plan(s): 13c(2) EIN	(s)		13c(3) PN	(s)
			2		