Forr	n 5500-SF	Short Form Annua	OMB Nos. 1210-1						
	nent of the Treasury al Revenue Service	This form is required to be filed	Benefit Plan under sections 104 and 4	065 of the Employee Re	etirement	2018			
	artment of Labor efits Security Administration	Income Security Act of 1974 (E		7(b) and 6058(a) of the) of the Internal This Form is Ope				
	efit Guaranty Corporation	Complete all entries in ac	cordance with the instr	uctions to the Form 55	00-SF.	Public Inspection			
		dentification Information							
For calendar	r plan year 2018 or fis	cal plan year beginning 01/01/20			/31/2018				
A This retu	rn/report is for:	X a single-employer plan	list of participating em			king this box must attach a vith the form instructions.)			
B This return	n/report is	a one-participant plan	a foreign plan						
	Inteport is		the final return/report						
		an amended return/report	n/report (less than 12 mo	onths)					
C Check bo	ox if filing under:	X Form 5558	automatic extension	[DFVC p	rogram			
		special extension (enter descrip	tion)						
Part II	Basic Plan Infor	mation—enter all requested infor	mation	ſ					
1a Name of	•	, INC. 401K RETIREMENT SAVING			1b Three	e-digit number			
COOLEY MEL	DICAL EQUIPEMENT		(PN)						
			1c Effect	tive date of plan					
2a Plan spo	onsor's name (employ	er, if for a single-employer plan)			2b Empl	01/01/2007 nployer Identification Number			
		n, apt., suite no. and street, or P.O. I e, country, and ZIP or foreign postal		uctions)	(EIN) 61-1015690				
	DICAL EQUIPMENT, I		(g.,		2c Sponsor's telephone number 606-886-9267				
				-	2d Busir	2d Business code (see instructions)			
1184 SOUTH	LAKE DRIVE URG, KY 41653-1349				621610				
	ministrator's name and				3b Admi	dministrator's EIN 61-1015690			
COOLEY MEL	DICAL EQUIPMENT, I		H LAKE DRIVE BURG, KY 41653-1349	-	3c Administrator's telephone number				
						606-886-9267			
4 If the na	ame and/or EIN of the	plan sponsor or the plan name has	changed since the last re	eturn/report filed for	4b EIN				
this plai a Sponsor		sor's name, EIN, the plan name and	d the plan number from th	ne last return/report.	4d PN				
C Plan Na					TU FN				
5a Total nu	umber of participants a	at the beginning of the plan year			5a	72			
		at the end of the plan year			5b	61			
	• •				5c	28			
		ticipants at the beginning of the plan	-	Ē	5d(1)	58			
• •		ticipants at the end of the plan year		E CARACTER CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR C	5d(2) 5e	52			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca						0			
		r incomplete filing of this return/r er penalties set forth in the instruction							
SB or Sched		d signed by an enrolled actuary, as							
		valid electronic signature.	08/23/2019	ALEC G. BAILEY					
HERE	Signature of plan ac	Iministrator	Date	Enter name of individu	ual signing a	as plan administrator			
SIGN	•								
HERE	RE Signature of employer/plan sponsor Date Enter name of individ					idual signing as employer or plan sponsor			

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2018) v.171027

f Administrative service providers (salaries, fees, commissions) ...

g Other expenses

h Total expenses (add lines 8d, 8e, 8f, and 8g)

2K 2T

Plan Characteristics

2Ĵ

2G

Net income (loss) (subtract line 8h from line 8c)

Transfers to (from) the plan (see instructions).....

3D

i

j

9a

b

Part IV

2E 2F

4905

89147

-82767

	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the rt III Financial Information	an indepen and conditi ot use For isurance pr	ident qualified public accountant (IQ ions.) rm 5500-SF and must instead use rogram (see ERISA section 4021)?	PA) X Yes No • Form 5500. Yes No Yes No Not determined
<u>га</u> 7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	341733	258966
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	341733	258966
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		
	(2) Participants	8a(2)	27332	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	-20952	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		6380
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	83428	
е	Certain deemed and/or corrective distributions (see instructions)	8e	814	

8f

8g

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	۷	Compliance Questions				
10	Durir	ng the plan year:		Yes	No	Amount
а	des	there a failure to transmit to the plan any participant contributions within the time period cribed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction gram)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				x	
С	Was	the plan covered by a fidelity bond?	10c	Х		100000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused aud or dishonesty?	10d		х	
е	carrie	e any fees or commissions paid to any brokers, agents, or other persons by an insurance er, insurance service, or other organization that provides some or all of the benefits under lan? (See instructions.)	10e	x		2985
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		x	
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3				

Page **3-** 1

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	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 d	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				
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	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	× 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)		130	:(3) PN	l(s)

Earn					-			
Fou	n 5500-SF	Short Form Annu	ual Return/Report of Small Emp Benefit Plan	loyee	OMB Nos. 1210-0110 1210-0089			
	ent of the Treasury Revenue Service	This form is required to be file	This form is required to be filed under sections 104 and 4065 of the Employee Re					
	artment of Labor efits Security Administration	Income Security Act of 1974	4 (ERISA), and sections 6057(b) and 6058(a) of th Revenue Code (the Code).	e Internal	This Form is Open to Public Inspection			
Pension Bene	fit Guaranty Corporation	► Complete all entries in	accordance with the instructions to the Form	5500-SF.				
Part I	Annual Report	Identification Information	n —					
r calendar	plan year 2018 or f	iscal plan year beginning	01/01/2018 and ending		1/2018			
This retur	m/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a	(Filers checki accordance wi	ng this box must attach a the form instructions.)			
This return	olionart ie	a one-participant plan	a foreign plan					
This return	ineport is	the first return/report	the final return/report					
		an amended return/report	a short plan year return/report (less than 12)	nonths)				
Check bo	x if filing under:	X Form 5558	automatic extension	DFVC pr	ogram			
		special extension (enter desc	cription)		200-00-00-00-00-00-00-00-00-00-00-00-00-			
Part II	Basic Plan Info	prmation-enter all requested in	nformation					
a Name of				1b Three	-digit			
		QUIPEMENT, INC. 401K	RETIREMENT SAVINGS PLAN	plan r	umber			
				(PN)				
				1c Effective date of plan 01/01/2007				
a Plan spo Mailing (onsor's name (emplo address (include roo	over, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Employer Identification Number (EIN) 61-1015690 2c Sponsor's telephone number			
City or to	own, state or provin	ce, country, and ZIP or foreign pos	stal code (if foreign, see instructions)	2c Spon				
COOPE	Y MEDICAL E	QUIPMENT, INC.			606-886-9267 Business code (see instructions)			
1184	SOUTH LAKE I	DRIVE		20 Busin	ess code (see instructions)			
PREST	ONSBURG	KY 41653-	-1349	6216	510			
3a Plan administrator's name and address 🗌 Same as Plan Sponsor.				3b Administrator's EIN 61-1015690				
COOLE	Y MEDICAL E	QUIPMENT, INC.		3c Admir	histrator's telephone number			
1184	SOUTH LAKE I	DRIVE		1				
PREST	ONSBURG	кү 41653-13	49	606-	-886-9267			
If the na	me and/or EIN of th	e plan sponsor or the plan name t	has changed since the last return/report filed for	4b EIN				
		onsor's name, EIN, the plan name	and the plan number from the last return/report.	4d PN				
 a Sponsor c Plan Na 								
		a at the basis of the star star		5a	7			
0 Tat-1	moder or aspiciosoft	s at the beginning of the plan year						
D Total nu	Imber of participants				6.			
D Total nu C Number	Imber of participants	account balances as of the end o	of the plan year (only defined contribution plans					
 Total nu Number complete 	umber of participants r of participants with te this item)	account balances as of the end o	f the plan year (only defined contribution plans	5b 5c 5d(1)	2			
D Total nu C Number complet d(1) Total d(2) Total	Imber of participants of participants with te this item) number of active participants number of active participants	account balances as of the end o articipants at the beginning of the p articipants at the end of the plan ye	f the plan year (only defined contribution plans plan year ear	5b 5c 5d(1)	2			
b Total nu C Number complet d(1) Total d(2) Total e Numbe	Imber of participants of participants with te this item) number of active participants who of participants who	account balances as of the end o articipants at the beginning of the p articipants at the end of the plan ye o terminated employment during th	If the plan year (only defined contribution plans plan year ear he plan year with accrued benefits that were less	5b 5c 5d(1) 5d(2)	6: 21 51 5:			
 Total nu Number completed (1) Total d(2) Total Numbe than 10 	umber of participants r of participants with te this item) number of active participants who of participants who D0% vested	account balances as of the end o articipants at the beginning of the p articipants at the end of the plan ye o terminated employment during th	f the plan year (only defined contribution plans plan year ear he plan year with accrued benefits that were less	5b 5c 5d(1) 5d(2) 5e	2) 5) 5)			
 Total nu Number complet d(1) Total d(2) Total e Number than 10 aution: A judge B or Sched 	umber of participants r of participants with te this item) number of active participants who participants who 20% vested penalty for the late ties of perjury and o tule MB completed a	account balances as of the end o articipants at the beginning of the p articipants at the end of the plan ye o terminated employment during th or Incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary,	If the plan year (only defined contribution plans plan year ear he plan year with accrued benefits that were less		2 5 5 1 lished. ng, if applicable, a Schedule			
D Total nu C Number complet d(1) Total d(2) Total d(2) Total e Numbe than 10 aution: A j nder penal B or Sched elief, it is in	umber of participants r of participants with te this item) number of active participants who participants who 20% vested penalty for the late ties of perjury and o	account balances as of the end o articipants at the beginning of the p articipants at the end of the plan ye o terminated employment during th or Incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary,	If the plan year (only defined contribution plans plan year he plan year with accrued benefits that were less <u>im/report will be assessed unless reasonable c</u> uctions, I declare that I have examined this return/ as well as the electronic version of this return/rep		2 5 5 1 lished. ng, if applicable, a Schedule			
D Total nu C Number complet d(1) Total d(2) Total e Numbe than 10 aution: A p nder penalt B or Sched elief, it is In GN	umber of participants r of participants with te this item) number of active participants who of participants who oow vested penalty for the late ties of perjury and o ule MB completed a ue, correct and com	account balances as of the end o articipants at the beginning of the p articipants at the end of the plan yo o terminated employment during th or Incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary, uplete.	of the plan year (only defined contribution plans plan year ear he plan year with accrued benefits that were less rn/report will be assessed unless reasonable of uctions, I declare that I have examined this return/ as well as the electronic version of this return/rep Alec G. Bail	5b 5c 5d(1) 5d(2) 5e ause is estat report, includin ort, and to the	2 5 5 1ished. ng, if applicable, a Schedule best of my knowledge and			
b Total nu C Number complet d(1) Total d(2) Total e Numbe than 10 aution: A p nder penalt B or Sched ellief, it is In GN	umber of participants r of participants with te this item) number of active participants who participants who 20% vested penalty for the late ties of perjury and o tule MB completed a	account balances as of the end o articipants at the beginning of the p articipants at the end of the plan yo o terminated employment during th or Incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary, uplete.	If the plan year (only defined contribution plans plan year ear he plan year with accrued benefits that were less <u>im/report will be assessed unless reasonable c</u> uctions, I declare that I have examined this return/ as well as the electronic version of this return/rep Alec G. Bail Date USUAN Enter name of indiv	5b 5c 5d(1) 5d(2) 5e ause is estat report, includir ort, and to the ey idual signing a	2: 5: 5: Ilished. ng, if applicable, a Schedule			
b Total nu C Number complet d(1) Total d(2) Total e Numbe than 10 aution: A j nder penalt B or Sched elief, it is In IGN	umber of participants r of participants with te this item) number of active participants who of participants who oow vested penalty for the late ties of perjury and o ule MB completed a ue, correct and com	account balances as of the end o articipants at the beginning of the p articipants at the end of the plan yo o terminated employment during th or Incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary, uplete.	of the plan year (only defined contribution plans plan year ear he plan year with accrued benefits that were less rn/report will be assessed unless reasonable of uctions, I declare that I have examined this return/ as well as the electronic version of this return/rep Alec G. Bail	5b 5c 5d(1) 5d(2) 5e ause is estat report, includir ort, and to the ey idual signing a	2 5 5 1 11shed. ng, if applicable, a Schedule best of my knowledge and			

*

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 									
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?									
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)								
Pa	Part III Financial Information								
7	7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year								

7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Year		
а	Total plan assets	7a		341,	733	258,			
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c		341,	733		258,966		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)		27,	332				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-20,	952				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					6,380		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		83,	428				
e	Certain deemed and/or corrective distributions (see instructions)	8e			814				
f	Administrative service providers (salaries, fees, commissions)	8f		4,	905				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					89,147		
i	Net income (loss) (subtract line 8h from line 8c)	8i					-82,767		
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for								
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
_	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	Fiduciary Correction	10a		х			
k	• Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х		100,000		
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
e	 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.). 						2,985		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
ç	Did the plan have any participant loans? (If "Yes," enter amount a	is of year-	end.)	10g		Х			
ł	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					

Page 3-

Part	VI	Pension Funding Compliance					
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)			В	Yes No	C
11a	Ente	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.)			f 	Yes X No	<u></u>
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.		l enter _ Day		of the letter ruling Year	
lf	you c	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	Entei	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			
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?			Yes	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?			[[Yes X No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred.	ify the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)	_
							_