For	m 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	f Small Employ	yee		OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	This form is required to be filed u	under sections 104 ar	nd 4065 of the Employe	е		2013		
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19 the Internal F	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 accorda	nce with the instruc	tions to the Form 550	0-SF.	ins	pection		
Part I		entification Information							
For calenda	ar plan year 2013 or fisca			and ending 1	2/31/:	2013			
A This ret	urn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-partici	oant plan		
B This ret	urn/report is:	the first return/report the	ne final return/report						
		an amended return/report	short plan year return	/report (less than 12 mo	onths)			
C Check	box if filing under:	Form 5558	utomatic extension			DFVC progra	Im		
	[special extension (enter description)	1						
Part II	Basic Plan Inforn	nation—enter all requested informati	on						
1a Name	of plan				1b	Three-digit			
COMMONW	EALTH SLEEP & REHAR	3 401(K) PLAN				plan number	001		
					1c	(PN) Ffective data a	001		
					IC	Effective date o	•		
	ponsor's name and addre	ess; include room or suite number (em B, PLLC	ployer, if for a single-e	employer plan)	2b	Employer Identi			
	LE CREEK, STE 105				2c	Sponsor's telep 859-96			
LEXINGTON					2d	Business code (62111	see instructions)		
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's			
		lan sponsor has changed since the las er from the last return/report.	t return/report filed fo	r this plan, enter the	4b	EIN			
a Spons	or's name				4c	PN			
5a Total r	number of participants at	the beginning of the plan year			5a		6		
b Total r	number of participants at	the end of the plan year			5b		6		
	· ·	count balances as of the end of the pla		•	5c		6		
-		uring the plan year invested in eligible					X Yes No		
b Are yo	ou claiming a waiver of th	e annual examination and report of an See instructions on waiver eligibility an	independent qualified	d public accountant (IQ	PA)		X Yes No		
lf you	answered "No" to eithe	er line 6a or line 6b, the plan cannot	use Form 5500-SF a	and must instead use	Form	5500.			
C If the p	olan is a defined benefit p	plan, is it covered under the PBGC insu	urance program (see l	ERISA section 4021)? .		Yes No	Not determined		
Caution: A	penalty for the late or	incomplete filing of this return/repo	rt will be assessed u	Inless reasonable cau	se is	established.			
Under pena SB or Sche	alties of perjury and other	r penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have e	examined this return/rep	oort, ir	ncluding, if applic			
SIGN	Filed with authorized/val	lid electronic signature.	09/10/2014	OLIVER C. JAMES II					
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	gning as plan adr	ninistrator			
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individual signing as en			mployer or plan sponsor		
Preparer's		ne, if applicable) and address; include			_		number (optional)		

Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fer 2A 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare fea			50 36 17 46 30 25 25			4112(29 25
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 3D	7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8c 8d 8e 8f 8g 8h 8i 8j	(a) Amount 3258 3401 29494 4978 12 12 12 12 12	36 17 46 30 25			(b) Total 41132 11 41120	29
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2T 3D	8a(1) 8a(2) 8a(3) 8b 8c 8d 8c 8d 8d 8f 8g 8h 8i 8j	(a) Amount 3258 3401 29494 4978 12 12 12 12 12	36 17 46 30 25			(b) Total 41132 11 41120	29
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(3) Others (including rollovers)	8a(3) 8b 8c 8d 8e 8f 8g 8h 8i 8j	29494 4978 12 les from the List of Plan Char	acteris			1: 4112(25
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Transfers to (from) the plan (see instructions) t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2T 3D	8j eature coo			stic Co	odos in		204
t IVPlan CharacteristicsIf the plan provides pension benefits, enter the applicable pension fer 2A2E2F2G2J2T3D	eature coo			stic Co	odos in		
If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2T 3D				stic Co	odos in		
V Compliance Questions			cterist	tic Coo	des in t	the instructions:	
During the plan year:				Yes	No	Amount	
 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 					Х		
 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte on line 10a.) 					Х		
Was the plan covered by a fidelity bond?			10c	Х			3000
Did the plan have a loss, whether or not reimbursed by the plan's find 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.)							447
Has the plan failed to provide any benefit when due under the plan			10f		Х		
					Х		
 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 					Х		
If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	e required	notice or one of the	10i				
VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)							es 🛛 N
Enter the unpaid minimum required contribution for current year from	m Schedu	Ile SB (Form 5500) line 39			11a		
Is this a defined contribution plan subject to the minimum funding re	equireme	nts of section 412 of the Code	e or se	ection	302 of	ERISA? Ye	es X N
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a							
If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortize	d in this plan year, see instru		, and e	enter tł Day		ruling
you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Forr	n 5500), and skip to line 13.					

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
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t which assets or liabilities were transferred. (See instructions.)	0		
1	3c(1) Name of plan(s): 13	8 c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		1	
14a	lame of trust	14b Tru	ust's EIN	

	orm 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Emplo	oyee		OMB Nos. 1210-01 1210-00	
	epartment of the Treasury Internal Revenue Service	This form is required to	00		2013			
	Department of Labor e Benefits Security Administration b Benefit Guaranty Corporation	Retirement Income Security	This form is required to be filed under sections 104 and 4065 of the Employe Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6054 the Internal Revenue Code (the Code).				Form is Open to Public	
Part I		Complete all entries in a Identification Information	accordance with the instr	uctions to the Form 55	00-SF.			
	ndar plan year 2013 or fi	scal plan year beginning	01/01/2013	and ending		12/31/201	2	
-	return/report is for:	X a single-employer plan		plan (not multiemplover)	۱.			
	return/report is:	the first return/report	the final return/repor		,	a one-partic	apant plan	
		an amended return/report	<u> </u>	urn/report (less than 12 n		`		
C Chec	k box if filing under:	X Form 5558	automatic extension		nonins	_		
• • • • • •	n box in ninng ander.	special extension (enter des				DFVC prog	ram	
Part II	Basic Plan Info	rmation—enter all requested in						
	e of plan	mation-enter an requested in	niomation		146	Thursday's it		
		& Rehab 401(k) Plan				Three-digit plan number		
						(PN) 🕨	001	
					1c	Effective date		
2a Plan	sponsor's name and ad	dress; include room or suite num	hor (omployer if for a single			01/01/201		
Commo	nwealth Sleep &	& Rehab, PLLC	ber (employer, ir for a single	e-employer plan)	ļ	(EIN) 56-26		
151 N	. Eagle Creek,	Ste 105				Sponsor's tele 859-967-5	437	
Lexing		KY 40509			2d	Business code 621111	(see instructions)	
3a Plan	administrator's name an	id address XSame as Plan Spor	nsor Name XSame as Pla	an Sponsor Address	3b	Administrator's	EIN	
			_		3c	Administrator's	telephone numbe	
f If the	e name and/or EIN of the	plan sponsor has changed since	e the last return/report filed t	for this plan, enter the	3c 4b		telephone numbe	
nam	e name and/or EIN of the e, EIN, and the plan nun isor's name	plan sponsor has changed since nber from the last return/report.	the last return/report filed t	for this plan, enter the		EIN	telephone numbe	
nam a Spon	e, EIN, and the plan nun isor's name	nber from the last return/report.			4b 4c	EIN	telephone numbe	
nam a Spon 5a Total	e, EIN, and the plan nun isor's name I number of participants a	nber from the last return/report. at the beginning of the plan year.			4b 4c 5a	EIN	telephone numbe	
nam a Spon 5a Total b Total c Num	e, EIN, and the plan nun isor's name I number of participants a I number of participants a ber of participants with a	nber from the last return/report. at the beginning of the plan year . at the end of the plan year account balances as of the end of	the plan year (defined ben	efit plans do not	4b 4c 5a 5b	EIN	telephone numbe	
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P	art III Financial Information							<u></u>	
_7	Plan Assets and Liabilities		(a) Beginning of Y	ear	T		(b) E.		
<u>a</u>	Total plan assets	. 7a		1010	50		(0) EI	nd of Y	ear 5122
b	Total plan liabilities	7b							J124
C	Net plan assets (subtract line 7b from line 7a)	7c	-	1010	50				5122
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
а	Contributions received or receivable from:		() /				<u></u> (D)	Total	
	(1) Employers	8a(1)		325	ų.,	n V (date)		1907) 1907	
•••••	(2) Participants	8a(2)		340	17				i fa fa sua sua sua sua sua sua sua sua sua su
	(3) Others (including rollovers)	8a(3)		2949	46				
	Other income (loss)	8b		497	80				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	<u>8c</u>							41132
-	to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e						·	
	Administrative service providers (salaries, fees, commissions)	8f		1	25	-	-		
	Other expenses	8g			2.5				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i	Net income (loss) (subtract line 8h from line 8c)	8i							12
j	Transfers to (from) the plan (see instructions)	8i							41120
Pa	t IV Plan Characteristics						sa di terre di		
9a b	If the plan provides pension benefits, enter the applicable pension f 2A 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe								
Par									
10	During the plan year:				Yes	No		Ато	unt
a 	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ection Program)	10a		x			
D 	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	? (Do not ir	nclude transactions reported	10b		x			
C	Was the plan covered by a fidelity bond?			10c	x				3000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	idelity bone	d, that was caused by fraud	100		x			
e	Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all o instructions.)	or persons	by an insurance carrier, fits under the plan? (See	10u	x				447
f	Has the plan failed to provide any benefit when due under the plan	?		10f		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	d.)	10g		x			
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	See instruc	tions and 29 CER	10g		x			-
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-	n heriuired	ontice or one of the						
Part				10i			L		
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	nts? (If "Ye	es," see instructions and com	plete S	Sched	ule SE	B (Form		
11a	Enter the unpaid minimum required contribution for current year from	m Schedul	e SB (Form 5500) line 20		T		Γ		Yes No
12	Is this a defined contribution plan subject to the minimum funding re					11a			(a. []
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	is applicab	le)						Yes X No
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized	in this plan year, see instruct	tions,	and e		le date of t		r ruling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule I	MB (Form	5500), and skip to line 43	il		Day		Year	
	Enter the minimum required contribution for this plan year					12b			
				•••••	··	120			