## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## **Short Form Annual Return/Report of Small Employee Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Part I		<b>Identification Information</b>	า								
For calend	lar plan year 2014 or fi	scal plan year beginning 01/01/2	2014	and ending 12	/31/2014						
A This return/report is for:  a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box multiple-employer information in accordance with the form instruction in accordance with the form in accordance with the f											
		a one-participant plan	a foreign plan								
<b>B</b> This ret	urn/report is	the first return/report	the final return/report								
		months)									
C Check	box if filing under:	X Form 5558	automatic extension	rogram							
		special extension (enter desc	cription)								
Part II	Basic Plan Info	ormation—enter all requested in	nformation								
1a Name COMMONW	of plan VEALTH SLEEP & REF	HAB 401(K) PLAN			1b Three-digit plan numb (PN) ▶						
					1c Effective d	ate of plan 01/01/2012					
2a Plan s	ponsor's name and ad EALTH SLEEP & REH	Idress; include room or suite numb	per (employer, if for a single	e-employer plan)	<b>2b</b> Employer Identification Number (EIN) 56-2619164						
151 N. FACI	E ODEEN STE 405				2c Sponsor's telephone number						
LEXINGTON	LE CREEK, STE 105 I, KY 40509				2d Business code (see instructions)						
3a Plan a	administrator's name ar	nd address XSame as Plan Spor	nsor.		<b>3b</b> Administra	621111 tor's FIN					
ou mana		Ta addition Figure 40 Figure 600	10011								
					<b>3c</b> Administrator's telephone number						
4 If the	name and/or EIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN						
	•	mber from the last return/report.			40. 50						
	sor's name	at the beginning of the plan year			4c PN						
		at the beginning of the plan year			<u> </u>	7					
		at the end of the plan year			5b	6					
compl	ete this item)	account balances as of the end of			5c	6					
<b>d(1)</b> Tot	al number of active pa	rticipants at the beginning of the p	olan year		5d(1)	6					
` '	·	articipants at the end of the plan ye			5d(2)	6					
		erminated employment during the			5e	0					
Caution: A	A penalty for the late	or incomplete filing of this retu	rn/report will be assessed	l unless reasonable cau	use is establishe	d.					
SB or Sche		her penalties set forth in the instrund signed by an enrolled actuary,									
SIGN		valid electronic signature.	09/03/2015	OLIVER C. JAMES II							
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as pla	n administrator					
SIGN											
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual signing as em	ployer or plan sponsor					
Preparer's		name, if applicable) and address (				hone number (optional)					

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b	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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a continuous contraction.	an indeper and condit	ndent qualified public accounta	int (IQ	PA)			X Ye	
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	)21)?		Yes	No	Not dete	ermined
Par	t III Financial Information	1	1						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End		1070
	Total plan assets	7a	5122	254				584	1670
	Total plan liabilities	7b	5122	25/				58/	1670
	Net plan assets (subtract line 7b from line 7a)	7c	-04			/L\ T		1070	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) T	otai	
	(1) Employers	8a(1)	224	155					
	2) Participants	8a(2)	335	516					
	(3) Others (including rollovers)	8a(3)	476	.70					
	Other income (loss)	8b	172	272					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						73	3243
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	182					
е	Certain deemed and/or corrective distributions (see instructions)	8e	5	585					
f	Administrative service providers (salaries, fees, commissions)	8f		60					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							827
	Net income (loss) (subtract line 8h from line 8c)	tract line 8h from line 8c)						72	2416
J	Transfers to (from) the plan (see instructions)	8j							
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)	iciary Cor	rection Program)	10a		X			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		Χ			
C	Was the plan covered by a fidelity bond?			10c	X				52000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	X				2535
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X			
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?	Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·	- 1.				- 1 - 4	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ne letter i Year	ruling 

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
С	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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

This Form is Open to Public Inspection

Part I A	Annual Report	Identification Information					-	12/31,	/2014				
For calendar p	olan year 2014 or fi	scal plan year beginning	01/0	1/2014		and ending	+			1:			
		X a single-employer plan	amu	ıltiple-emp	oyer plan	(not multiemple	yer)	(Filers checking	this box must attach	a list			
A This return	n/report is for:		_ of pa	articipating	employer	information in	accor	dance with the fo	orm instructions)				
		a one-participant plan	므	eign plan									
<b>B</b> This return	/report is	the first return/report		nal retu <b>r</b> n/i									
	ľ	an amended return/report	asho	ort plan yea	ar return/re	eport (less than	12 m	ionths)					
C Check box	if filing under:							DFVC program					
		special extension (enter desc	ription)										
Part II	Basic Plan Info	ormation—enter all requested in	formation				-	1b Three-di	ait				
1a Name of	plan							plan num	•				
Commonwe	alth Sleep	& Rehab 401(k) Plan						(PN) ▶					
								1c Effective 01/01					
							+						
2a Plan spo	nsor's name and a ealth Sleep	ddress; include room or suite numb & Rehab, PLLC	er (emplo	yer, if for a	i single-er	npioyer pian)		1	r Identification Numb 5-2619164				
	_								's telephone numbe	r			
151 N. E	Eagle Creek,	Ste 105							67-5437				
·		ку 40509						2d Business 62111	s code (see instruction 1	ons)			
Lexingto		and address XSame as Plan Spor	nsor.				T	3b Administ	trator's EIN				
Sa Pian aur	THINSHALOI S HAINE	and address [Assime as a terrope							trator's telephone nu				
			- 41 14		+ filed for	this plan, enter	the	4b EIN					
4 If the na	me and/or EIN of t	the plan sponsor has changed since	e tne last i	returnvrepc	it thea to	tills plan, enter		TD CIN					
name, i a Sponso		number from the last return/report.						4c PN					
5a Total n	umber of particinan	its at the beginning of the plan year						5a		7			
		ats at the end of the plan year					<b> </b>	5b		6			
b Total n	umber of participate	th account balances as of the end of	of the plan	vear (defi	ned benef	it plans do not		5c					
comple	te this item)				••••••••					6			
		participants at the beginning of the				1		5d(1)	***************************************	6 6			
d(2) Tota	I number of active	participants at the end of the plan y	ear					5d(2)					
e Number	of participants tha	t terminated employment during the	e plan yea	r with accr	ued benet	its that were		5e		0			
			/	will be se	hassas	inless reasona	ble c	ause Is establis	shed.				
		te or incomplete filing of this return other penalties set forth in the instruction and signed by an enrolled actuary								adule and			
belief, it is to	rue, correct, and co	omplete.					<del>                                     </del>						
SIGN						Oliver Q.	Н—	mes II					
HERE	Signature of plan	n administrator		Date 7	315				plan administrator				
SIGN					<del>- ,</del>	Oliver Q.	Н	mes II					
HERE	Signature of em	ployenplan sponsor		Date 📆	315	Enter name o	ihdi	vidual signing as	employer or plan sp elephone number (o	onsor otional)			
Preparer's i	name (including fire	n name, if applicable) and address	(include r	oom or su	te numbe	r ) (opuoriai)		i reparer s a	Sicpriorio riamber (e)	,			
. /													
							Щ		Form 5500-	SE (2014)			
For Paperw	ork Reduction Act N	otice and OMB Control Numbers, see	the instru	ctions for F	orm 5500-	SF.				v. 140124			

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<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accounta under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> </ul>					A)			X Yes [	No No
If you answered "No" to either line 6a or line 6b, the plan cann	ot use For	m 5500-SF and must inste	pa	use F	orm 5	500.	ı 🗀 .		:
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA section	402	)?	Ш	Yes _	]No ∏ i	Not determ	inea
Part III Financial Information	r i		╫	<b> </b>	T				
7 Plan Assets and Liabilities		(a) Beginning of Y		2254	-		(b) End o		34670
a Total plan assets	7a		P	2254	$\vdash$				
b Total plan liabilities	1 1		51	2254				5	84670
C Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount	ff				(b) To	tal	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amount	It	<u> </u>	<u>                                     </u>		<u> </u>		
a Contributions received or receivable from: (1) Employers	. 8a(1)		₩	2455	+-				
(2) Participants	. 8a(2)		₽	3516	5				
(3) Others (including rollovers)	. 8a(3)		╫	7277	+				
b Other income (loss)	1		╫	7272	+				73243
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		${\sf H}$	<del> </del>	╫				73213
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		Ш	182	2				
e Certain deemed and/or corrective distributions (see instructions)			Щ	585	5				
f Administrative service providers (salaries, fees, commissions)			Щ	60	٥ 🗀				
g Other expenses	1		$\!$	-	_				
h Total expenses (add lines 8d, 8e, 8f, and 8g)			₩	<del> </del>	-				827 72416
i Net income (loss) (subtract line 8h from line 8c)			₩	-	+-				72410
j Transfers to (from) the plan (see instructions)	·· 8j		₩	<del> </del>					
Part IV Plan Characteristics	Part IV Plan Characteristics					dae in t	he instruc	ions:	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha					Cod	es in th	e instructi	ons:	
			$+\!+$	<del> </del>					
Part V Compliance Questions			₩	$\vdash$	Yes	No		Amount	
10 During the plan year:		in the time period described	In	H	165			Amount	
a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.	duciary Cor	rection Program)		10a		Х			
b Were there any nonexempt transactions with any party-in-intere on line 10a.)	st? (Do not	include transactions report	ed	10b		Х			
C Was the plan covered by a fidelity bond?				10c	Х				52000
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			ud	10d		х			
Were any fees or commissions paid to any brokers, agents,	all of the be	netits under the plan? (See		10e	Х				2535
f Has the plan failed to provide any benefit when due under the p	lan?		Ш	10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount				10g		Х			
b. If this is an individual account plan, was there a blackout period	? (See insti	ructions and 29 CFR		10h		х			
2520.101-3.)  If 10h was answered "Yes," check the box if you either provided	the require	ed notice or one of the	$\dagger \dagger$						
exceptions to providing the notice applied under 29 CFR 2520.	101-3		${f H}$	10i	<u> </u>		L		
Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding require	monte? (If	"Ves " see instructions and	#	nolete	Sche	dule SE	3 (Form	1 _	
5500) and line 11a below)	• • • • • • • • • • • • • • • • • • • •		##		Т		T	Yes	No No
11a Enter the unpaid minimum required contribution for current year	r from Sche	edule SB (Form 5500) line 3	식나	+	<u> </u>	11a	EDICAS		s X No
12 Is this a defined contribution plan subject to the minimum fundi			<b>200</b>	e or se	ection	3U2 of	EKISA7	T	, FI 140
(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 be	ow, as appli	icable.) ized in this plan vear. see in	ıştn.	uctions	, and	enter th	he date of	the letter n	uling
a If a waiver of the minimum funding standard for a prior year is be granting the waiver.			Мφ	nth		Day		Year	

		1				
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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	1 1		12b	T		
b Enter the minimum required contribution for this plan year			120	J		
			12c	1		
c Enter the amount contributed by the employer to the plan for this plan year		nf a	<del> </del>	<u> </u>		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative 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			T			
13a Has a resolution to terminate the plan been adopted in any plan year?			<u> </u>	Yes X	10	
If "Yes," enter the amount of any plan assets that reverted to the employer this year						
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?					Yes	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify ti				1	
13c(1) Name of plan(s):		<b>!</b>	13c(2) E	:IN(s)	13c(3) F	'N(s)
					ı	
Part VIII Trust Information (optional)						
14a Name of trust			14b 1	Trust's EIN		
		1				