Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2021 and ending 01/25/2021

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [X] the final return/report
- [X] an amended return/report
- [X] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
VISIONARY SLEEP, LLC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2017

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
VISIONARY SLEEP, LLC

1721 MOON LAKE BOULEVARD
SUITE 205
HOFFMAN ESTATES, IL 60169

2b Employer Identification Number (EIN) 36-4849589

2c Plan Sponsor's telephone number 224-829-0506

2d Business code (see instructions) 337000

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 accompanying schedules, statements and attachments, 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/valid electronic signature.	10/15/2021	JULIA F. GUINEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	JULIA F GUINEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	243
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	230
a(2) Total number of active participants at the end of the plan year	**6a(2)**	0
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 3D 2G 2J 2K 2F 2T 3F

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ] ___	**A** (Insurance Information)
(4)	[X]	**C** (Service Provider Information)
(5)	[X]	**D** (DFE/Participating Plan Information)
(6)	[ ]	**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2021 and ending 01/25/2021

A Name of plan
VISIONARY SLEEP, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VISIONARY SLEEP, LLC

D Employer Identification Number (EIN)
36-4849589

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

THE VANGUARD GROUP, INC

23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NS CAPITAL LLC

4 LANDMARK SQUARE
STE 315
STAMFORD, CT 06901

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	143	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2021 and ending 01/25/2021

A Name of plan
VISIONARY SLEEP, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
VISIONARY SLEEP, LLC

D Employer Identification Number (EIN)
36-4849589

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS STABLE VALUE

b Name of sponsor of entity listed in (a): GOLDMAN SACHS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-4166989-025	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2021 and ending 01/25/2021

A Name of plan
VISIONARY SLEEP, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VISIONARY SLEEP, LLC

D Employer Identification Number (EIN)
36-4849589

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	49019	0
(9) Value of interest in common/collective trusts	1c(9)	47814	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2528588	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2625421	0
	Liabilities			
g	Benefit claims payable	1g	41417	
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	41417	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2584004	0

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	834	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		834
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)	3	
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		49973
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		50810
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	143	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		143
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		143
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		50667
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		2634671

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: LIPSCHULTZ, LEVIN & GRAY, LLC **(2)** EIN: 36-2260623

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**	X		
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... [X] Yes [ ] No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
NEWPORT GROUP, INC 401(K) PLAN	27-2037969	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... [ ] Yes [ ] No [ ] Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2021 and ending 01/25/2021

A Name of plan
VISIONARY SLEEP, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VISIONARY SLEEP, LLC

D Employer Identification Number (EIN)
36-4849589

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 45-0404698

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

VISIONARY SLEEP, LLC
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

PERIOD ENDED JANUARY 25, 2021 AND

YEARS ENDED DECEMBER 31, 2020 AND 2019

Lipschultz, Levin & Gray
L.L.C. Certified Public Accountants

Printed on
Recycled Paper

VISIONARY SLEEP, LLC

401(K) PROFIT SHARING PLAN

PERIOD ENDED JANUARY 25, 2021
AND YEARS ENDED DECEMBER 31, 2020 AND 2019

INDEX

	Page
INDEPENDENT AUDITOR'S REPORT	1 - 2
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 10
SUPPLEMENTAL INFORMATION:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year - December 31, 2020)	11

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Visionary Sleep, LLC 401(k) Profit Sharing Plan
Hoffman Estates, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Visionary Sleep, LLC 401(k) Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of January 25, 2021, December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the period of January 1, 2021 to January 25, 2021 and for the years ended December 31, 2020 and 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in the *Information Prepared and Certified by the Trustee* note, which was certified by Ascensus Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the Plan Administrator the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee for the period ended January 25, 2021 and for the years ended December 31, 2020 and 2019 and, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Lipschultz, Levin & Gray
L.L.C. Certified Public Accountants

425 Huehl Road, Bldg. 7, Northbrook, Illinois 60062-2322
847.272.5300 FAX: 847.272.9351 www.TheThinkers.com

AEIDE BAILLY ALLIANCE
Independent Member Firm

Other Matters

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule of Assets (Held at End of Year), which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

As described in the *Description of Plan* and *Summary of Significant Accounting Policies* notes to the financial statements, the investment committee of the Plan approved the merger of the Plan into the Unity 401(k) Pooled Employer Plan effective January 14, 2021. Accordingly, the Plan changed its basis of accounting from the ongoing basis to the liquidation basis in the Plan's 2021 financial statements. All Plan assets were transferred out of the Plan by January 25, 2021.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Lipschultz, Levin & Gray, LLC
Northbrook, Illinois
September 28, 2021

Lipschultz, Levin & Gray
L.L.C. Certified Public Accountants

Printed on Recycled Paper

EXHIBIT A

VISIONARY SLEEP, LLC
401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JANAURY 25, 2021 AND DECEMBER 31, 2020 AND 2019

ASSETS

	January 25, 2021 (Liquidation Basis)	December 31, 2020 (Accrual Basis)	December 31, 2019 (Accrual Basis)
INVESTMENTS, AT FAIR VALUE:			
Mutual Funds		$ 2,528,588	$ 3,337,113
Collective Trust		47,814	36,108
TOTAL INVESTMENTS, AT FAIR VALUE		2,576,402	3,373,221
RECEIVABLE -			
Notes Receivable from Participants		49,019	63,587
TOTAL ASSETS		2,625,421	3,436,808
LIABILITY			
DISTRIBUTIONS PAYABLE		41,417	42,097
NET ASSETS AVAILABLE FOR BENEFITS		$ 2,584,004	$ 3,394,711

See Independent Auditor's Report and Accompanying Notes to Financial Statements.

Lipschultz, Levin & Gray
L.L.C. Certified Public Accountants

Printed on Recycled Paper

EXHIBIT B

VISIONARY SLEEP, LLC
401(k) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

PERIOD JANUARY 1, 2021 TO JANUARY 25, 2021
AND YEARS ENDED DECEMBER 31, 2020 AND 2019

	January 25, 2021 (Liquidation Basis)	December 31, 2020 (Accrual Basis)	December 31, 2019 (Accrual Basis)
ADDITIONS TO NET ASSETS ATTRIBUTED TO:			
Investment Income:			
Net Appreciation in Fair Value of Investments	$ 49,973	$ 314,432	$ 546,089
Dividend and Interest Income		12,149	14,570
Total Investment Income	49,973	326,581	560,659
Interest Income on Notes Receivable from Participants	3	1,192	4,437
Contributions:			
Employer			49,154
Participants	834	209,259	371,319
Rollover Transfers from Other Plans			236,958
Total Contributions	834	209,259	657,431
TOTAL ADDITIONS	50,810	537,032	1,222,527
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:			
Benefits Paid to Participants		1,334,905	546,104
Investment Management and Administrative Fees	143	12,834	8,232
TOTAL DEDUCTIONS	143	1,347,739	554,336
NET INCREASE (DECREASE)	50,667	(810,707)	668,191
TRANSFER OF PLAN ASSETS DUE TO MERGER	(2,634,671)		
NET ASSETS AVAILABLE FOR BENEFITS:			
Beginning of Year/Period	2,584,004	3,394,711	2,726,520
End of Year/Period	$ -	$ 2,584,004	$ 3,394,711

See Independent Auditor's Report and Accompanying Notes to Financial Statements.

Lipschultz, Levin & Gray
L.L.C. Certified Public Accountants

Printed on Recycled Paper

DESCRIPTION OF PLAN

The following description of the Visionary Sleep, LLC (the "Company") 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General - The Plan was a defined contribution plan covering all full-time employees of the Company. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
2. Merger - A decisions was made by the investment committee to merge the Plan with Unity 401(k) Pooled Employer Plan (PEP) effective January 14, 2021. No contributions were permitted to be made into the Plan as of January 14, 2021. The Plan transferred all remaining participant balance at their same vesting percentages into the PEP. All Plan assets were transferred by January 25, 2021.
3. Contributions - Participants were eligible to participate in the Plan after three months of service. Participants were permitted to defer both before tax and after tax (Roth) contributions to the Plan through payroll deductions. Participants were also permitted to contribute amounts representing distributions from other qualified benefit or contribution plans. The Company contributed a matching percentage of 50% of participants' contributions up to 5% of pre-tax annual compensation (effective May 17, 2019, the employer match was discontinued). Additional amounts could have been contributed at the option of the Company's Board of Directors. Contributions were subject to certain maximum limitations imposed by the Internal Revenue Code (IRC).
4. Participants' Accounts - Each participant's account was credited with the participant's contribution and an allocation of (a) the Company's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations were based on participant earnings or account balances, as defined. The benefit to which a participant was entitled was the benefit provided from the participant's vested account.
5. Vesting - Participants were immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's discretionary and matching contributions plus actual earnings thereon was based on years of continuous service. A participant was 100% vested after five years of credited service.
6. Investment Options - Upon enrollment in the Plan, each participant directed the investment of all amounts allocated to their account based on the list of investment alternatives available under the Plan.

DESCRIPTION OF PLAN (Continued):

7. Payment of Benefits – Upon eligibility for benefits, participants were able to elect one of several methods to distribute the value of the vested account balance, as defined by the Plan. As of December 31, 2020 and 2019, the vested but unpaid balances of terminated participants amounted to $280,730 and $1,232,708, respectively. Excess contributions to be returned to Plan participants in 2021 from the 2020 plan year amounted to $41,417. Excess contributions returned to Plan participants in 2020 from the 2019 plan year amounted to $42,097.

8. Forfeited Accounts – At December 31, 2020 and 2019, forfeited nonvested accounts amounted to $24,599 and $8,595, respectively. At the Plan Administrator's discretion, forfeitures were able to be used to offset Plan administration expenses or to reduce the employer's contributions to the Plan. During the years ending December 31, 2020 and 2019, $59 and $10,630 of forfeitures were used to reduce administrative expenses.

9. Notes Receivable From Participants - Participants were permitted to borrow from their fund accounts a minimum of $1,000 up to a maximum of the lesser of $50,000 or 50% of their vested account balance. Loans provided for periodic repayment over a period of five years or less unless the loan was in connection with the participant's principal residence. The interest rates and types of collateral required were contained in the Plan documents. Principal and interest was paid ratably through payroll deductions. All interest paid with respect to these loans was credited to the participant's individual account. Any loss or expense associated with the loan was borne by the participant. The balances of participants' outstanding loans were transferred to the PEP on January 25, 2021.

10. Administrative Expenses – Investment management services and expenses relating to the administration of the Plan were substantially paid by the Plan. The Company absorbed a portion of these expenses.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

The financial statements of the Plan have been prepared on the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America for the period January 1 to January 25, 2021.

The 2020 and 2019 financial statements of the Plan were prepared on the accrual method of accounting.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued):

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates and assumptions.

Investment Valuation and Income Recognition:

Shares of registered investment companies (mutual funds) were valued at their year-end closing quoted market prices, which represented the net asset value of shares held by the Plan at year end. The collective trust funds were measured using the net asset value (NAV) practical expedient of the collective trust funds as reported by the funds' managers. The NAV practical expedient was based on the fair value of the underlying assets owned by the collective trust funds, less their liabilities, and divided by the number of units outstanding.

Purchases and sales of securities were recorded on a trade-date basis. Interest was recorded on the accrual basis and dividends were recorded on the ex-dividend date.

The Plan presents, in the Statements of Changes in Net Assets Available for Benefits, the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and the unrealized gains or losses on those investments.

Notes Receivable from Participants:

Notes receivable from participants represented participant loans that were recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants was recorded when it was earned. Related fees were recorded as administrative expenses and expensed when they were incurred. No allowance for credit losses was recorded as of December 31, 2020 and 2019. If a participant ceased to make loan repayments and the Plan Administrator deemed the participant loan to be a distribution, the participant loan balance was reduced and a benefit payment was recorded.

FAIR VALUE MEASUREMENTS

Generally accepted accounting principles in the United States of America have established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets

FAIR VALUE MEASUREMENTS (Continued):

or identical assets (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets in active markets;
- Quoted prices for identical or similar assets in inactive markets;
- Inputs other than quoted prices that are observable for the asset;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The assets' fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

See the *Summary of Significant Accounting Policies* note for description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

The valuation methods described in the *Summary of Significant Accounting Policies* note may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

FAIR VALUE MEASUREMENTS (Continued):

The following table sets forth, by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020:

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 2,528,588			$ 2,528,588
Total Assets in Fair Value Hierarchy	$ 2,528,588	$	$	$ 2,528,588
Investments Measured at NAV Practical Expedient				47,814
Total				$ 2,576,402

The following table sets forth, by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019:

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 3,337,113			$ 3,337,113
Total Assets in Fair Value Hierarchy	$ 3,337,113	$	$	$ 3,337,113
Investments Measured at NAV Practical Expedient				36,108
Total				$ 3,373,221

INVESTMENT IN COLLECTIVE INVESTMENT TRUST

The Plan held an investment in a collective investment trust, specifically the Goldman Sachs Stable Value Collective Trust (GSSVCT). The GSSVCT is primarily invested in stable value investment contracts. The GSSVCT's investment objective is to earn income, while seeking to preserve capital and stability of principal. The GSSVCT also seeks to maintain a stable net asset value of $1.00. The GSSVCT is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. There are no unfunded commitments and the redemption frequency is daily.

PARTY IN INTEREST

Since The Vanguard Group (Vanguard) provided services to the Plan, the investments in Vanguard funds constituted party-in-interest investments as defined by ERISA. Fees paid by the Plan to Vanguard amounted to $143 for the period ended January 25, 2021 and $2,850 and $3,190, respectively, for the each of the years ended December 31, 2020 and 2019.

INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by letter dated March 31, 2014, that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan was amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe the Plan was designed and operated in compliance with the applicable requirements of the IRC.

INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The following is a summary of the investment information regarding the Plan for the period ended January 25, 2021 and as of December 31, 2020 and 2019, and for the years then ended, included in the Plan's financial statements and supplemental schedule that was prepared by or derived from information prepared by the trustee of the Plan, and furnished to the Plan Administrator. The information has been certified as complete and accurate by the trustee in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	2021	2020	2019
Investments, at Fair Value	$ 0	$ 2,576,402	$ 3,373,221
Investment Income	$ 49,973	$ 326,581	$ 560,659

SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 28, 2021, the date which the financial statements were available for issue.

Printed on Recycled Paper

SUPPLEMENTAL INFORMATION

Printed on
Recycled Paper

VISIONARY SLEEP, LLC
401(k) PROFIT SHARING PLAN

FEIN 36-4849589
PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2020

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Goldman Sachs	Stable Value Collective Trust Select Series Class 1	$ 47,814
	Blackrock	High Yield Bond Portfolio Class K	16,459
	DFA	Emerging Markets Core Equity Portfolio Institutional Class	39,766
	Fidelity	Real Estate Index Fund	23,499
	AllianzGI	Small-Cap Value Fund Institutional Class	52,550
	Schwab	Indexed Retirement Trust Fund 2010	38,360
	Schwab	Indexed Retirement Trust Fund 2015	76
	Schwab	Indexed Retirement Trust Fund 2020	328,385
	Schwab	Indexed Retirement Trust Fund 2025	651,801
	Schwab	Indexed Retirement Trust Fund 2030	684,285
	Schwab	Indexed Retirement Trust Fund 2035	61,592
	Schwab	Indexed Retirement Trust Fund 2040	185,137
	Schwab	Indexed Retirement Trust Fund 2045	88,114
	Schwab	Indexed Retirement Trust Fund 2050	18,482
	Schwab	Indexed Retirement Trust Fund 2055	23,704
	Schwab	Indexed Retirement Trust Fund 2060	1,673
*	Vanguard	500 Index Fund Admiral Shares	22,820
*	Vanguard	Mid-Cap Index Fund Admiral Shares	61,734
*	Vanguard	Developed Markets Index Fund Admiral Shares	23,399
*	Vanguard	Short-Term Bond Index Fund Admiral Shares	14,632
*	Vanguard	Total International Bond Index Fund Admiral Shares	3,374
*	Vanguard	Total International Stock Index Fund Admiral Shares	28,569
*	Vanguard	Total Stock Market Index Fund Admiral Shares	86,226
*	Vanguard	Total Bond Market Index Fund Admiral Shares	72,159
*	Vanguard	Short-Term Inflation-Protected Securities Index Admiral Shares	1,792
	Participant Loans	Interest Rates of 4.25% to 6.5%	49,019
			$ 2,625,421

*Denotes party-in-interest to the Plan

See Independent Auditor's Report and Accompanying Notes to Financial Statements.

Lipschultz, Levin & Gray
L.L.C. Certified Public Accountants

Printed on Recycled Paper

VISIONARY SLEEP, LLC
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

PERIOD ENDED JANUARY 25, 2021 AND

YEARS ENDED DECEMBER 31, 2020 AND 2019

Lipschultz, Levin & Gray
L.L.C. Certified Public Accountants

Printed on
Recycled Paper

VISIONARY SLEEP, LLC

401(K) PROFIT SHARING PLAN

PERIOD ENDED JANUARY 25, 2021
AND YEARS ENDED DECEMBER 31, 2020 AND 2019

INDEX

	Page
INDEPENDENT AUDITOR'S REPORT	1 - 2
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 10
SUPPLEMENTAL INFORMATION:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year - December 31, 2020)	11

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Visionary Sleep, LLC 401(k) Profit Sharing Plan
Hoffman Estates, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Visionary Sleep, LLC 401(k) Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of January 25, 2021, December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the period of January 1, 2021 to January 25, 2021 and for the years ended December 31, 2020 and 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in the *Information Prepared and Certified by the Trustee* note, which was certified by Ascensus Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the Plan Administrator the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee for the period ended January 25, 2021 and for the years ended December 31, 2020 and 2019 and, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Lipschultz, Levin & Gray
L.L.C. Certified Public Accountants

425 Huehl Road, Bldg. 7, Northbrook, Illinois 60062-2322
847.272.5300 FAX: 847.272.9351 www.TheThinkers.com

AEIDE BAILLY ALLIANCE
Independent Member Firm

Other Matters

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule of Assets (Held at End of Year), which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

As described in the *Description of Plan* and *Summary of Significant Accounting Policies* notes to the financial statements, the investment committee of the Plan approved the merger of the Plan into the Unity 401(k) Pooled Employer Plan effective January 14, 2021. Accordingly, the Plan changed its basis of accounting from the ongoing basis to the liquidation basis in the Plan's 2021 financial statements. All Plan assets were transferred out of the Plan by January 25, 2021.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Lipschultz, Levin & Gray, LLC
Northbrook, Illinois
September 28, 2021

Lipschultz, Levin & Gray
L.L.C. Certified Public Accountants

Printed on Recycled Paper

EXHIBIT A

VISIONARY SLEEP, LLC
401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JANAURY 25, 2021 AND DECEMBER 31, 2020 AND 2019

ASSETS

	January 25, 2021 (Liquidation Basis)	December 31, 2020 (Accrual Basis)	December 31, 2019 (Accrual Basis)
INVESTMENTS, AT FAIR VALUE:			
Mutual Funds		$ 2,528,588	$ 3,337,113
Collective Trust		47,814	36,108
TOTAL INVESTMENTS, AT FAIR VALUE		2,576,402	3,373,221
RECEIVABLE -			
Notes Receivable from Participants		49,019	63,587
TOTAL ASSETS		2,625,421	3,436,808
LIABILITY			
DISTRIBUTIONS PAYABLE		41,417	42,097
NET ASSETS AVAILABLE FOR BENEFITS		$ 2,584,004	$ 3,394,711

See Independent Auditor's Report and Accompanying Notes to Financial Statements.

Lipschultz, Levin & Gray
L.L.C. Certified Public Accountants

Printed on Recycled Paper

EXHIBIT B

VISIONARY SLEEP, LLC
401(k) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

PERIOD JANUARY 1, 2021 TO JANUARY 25, 2021
AND YEARS ENDED DECEMBER 31, 2020 AND 2019

	January 25, 2021 (Liquidation Basis)	December 31, 2020 (Accrual Basis)	December 31, 2019 (Accrual Basis)
ADDITIONS TO NET ASSETS ATTRIBUTED TO:			
Investment Income:			
Net Appreciation in Fair Value of Investments	$ 49,973	$ 314,432	$ 546,089
Dividend and Interest Income		12,149	14,570
Total Investment Income	49,973	326,581	560,659
Interest Income on Notes Receivable from Participants	3	1,192	4,437
Contributions:			
Employer			49,154
Participants	834	209,259	371,319
Rollover Transfers from Other Plans			236,958
Total Contributions	834	209,259	657,431
TOTAL ADDITIONS	50,810	537,032	1,222,527
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:			
Benefits Paid to Participants		1,334,905	546,104
Investment Management and Administrative Fees	143	12,834	8,232
TOTAL DEDUCTIONS	143	1,347,739	554,336
NET INCREASE (DECREASE)	50,667	(810,707)	668,191
TRANSFER OF PLAN ASSETS DUE TO MERGER	(2,634,671)		
NET ASSETS AVAILABLE FOR BENEFITS:			
Beginning of Year/Period	2,584,004	3,394,711	2,726,520
End of Year/Period	$ -	$ 2,584,004	$ 3,394,711

See Independent Auditor's Report and Accompanying Notes to Financial Statements.

Lipschultz, Levin & Gray
L.L.C. Certified Public Accountants

Printed on Recycled Paper

DESCRIPTION OF PLAN

The following description of the Visionary Sleep, LLC (the "Company") 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General - The Plan was a defined contribution plan covering all full-time employees of the Company. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
2. Merger - A decisions was made by the investment committee to merge the Plan with Unity 401(k) Pooled Employer Plan (PEP) effective January 14, 2021. No contributions were permitted to be made into the Plan as of January 14, 2021. The Plan transferred all remaining participant balance at their same vesting percentages into the PEP. All Plan assets were transferred by January 25, 2021.
3. Contributions - Participants were eligible to participate in the Plan after three months of service. Participants were permitted to defer both before tax and after tax (Roth) contributions to the Plan through payroll deductions. Participants were also permitted to contribute amounts representing distributions from other qualified benefit or contribution plans. The Company contributed a matching percentage of 50% of participants' contributions up to 5% of pre-tax annual compensation (effective May 17, 2019, the employer match was discontinued). Additional amounts could have been contributed at the option of the Company's Board of Directors. Contributions were subject to certain maximum limitations imposed by the Internal Revenue Code (IRC).
4. Participants' Accounts - Each participant's account was credited with the participant's contribution and an allocation of (a) the Company's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations were based on participant earnings or account balances, as defined. The benefit to which a participant was entitled was the benefit provided from the participant's vested account.
5. Vesting - Participants were immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's discretionary and matching contributions plus actual earnings thereon was based on years of continuous service. A participant was 100% vested after five years of credited service.
6. Investment Options - Upon enrollment in the Plan, each participant directed the investment of all amounts allocated to their account based on the list of investment alternatives available under the Plan.

DESCRIPTION OF PLAN (Continued):

7. Payment of Benefits – Upon eligibility for benefits, participants were able to elect one of several methods to distribute the value of the vested account balance, as defined by the Plan. As of December 31, 2020 and 2019, the vested but unpaid balances of terminated participants amounted to $280,730 and $1,232,708, respectively. Excess contributions to be returned to Plan participants in 2021 from the 2020 plan year amounted to $41,417. Excess contributions returned to Plan participants in 2020 from the 2019 plan year amounted to $42,097.

8. Forfeited Accounts – At December 31, 2020 and 2019, forfeited nonvested accounts amounted to $24,599 and $8,595, respectively. At the Plan Administrator's discretion, forfeitures were able to be used to offset Plan administration expenses or to reduce the employer's contributions to the Plan. During the years ending December 31, 2020 and 2019, $59 and $10,630 of forfeitures were used to reduce administrative expenses.

9. Notes Receivable From Participants - Participants were permitted to borrow from their fund accounts a minimum of $1,000 up to a maximum of the lesser of $50,000 or 50% of their vested account balance. Loans provided for periodic repayment over a period of five years or less unless the loan was in connection with the participant's principal residence. The interest rates and types of collateral required were contained in the Plan documents. Principal and interest was paid ratably through payroll deductions. All interest paid with respect to these loans was credited to the participant's individual account. Any loss or expense associated with the loan was borne by the participant. The balances of participants' outstanding loans were transferred to the PEP on January 25, 2021.

10. Administrative Expenses – Investment management services and expenses relating to the administration of the Plan were substantially paid by the Plan. The Company absorbed a portion of these expenses.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

The financial statements of the Plan have been prepared on the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America for the period January 1 to January 25, 2021.

The 2020 and 2019 financial statements of the Plan were prepared on the accrual method of accounting.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued):

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates and assumptions.

Investment Valuation and Income Recognition:

Shares of registered investment companies (mutual funds) were valued at their year-end closing quoted market prices, which represented the net asset value of shares held by the Plan at year end. The collective trust funds were measured using the net asset value (NAV) practical expedient of the collective trust funds as reported by the funds' managers. The NAV practical expedient was based on the fair value of the underlying assets owned by the collective trust funds, less their liabilities, and divided by the number of units outstanding.

Purchases and sales of securities were recorded on a trade-date basis. Interest was recorded on the accrual basis and dividends were recorded on the ex-dividend date.

The Plan presents, in the Statements of Changes in Net Assets Available for Benefits, the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and the unrealized gains or losses on those investments.

Notes Receivable from Participants:

Notes receivable from participants represented participant loans that were recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants was recorded when it was earned. Related fees were recorded as administrative expenses and expensed when they were incurred. No allowance for credit losses was recorded as of December 31, 2020 and 2019. If a participant ceased to make loan repayments and the Plan Administrator deemed the participant loan to be a distribution, the participant loan balance was reduced and a benefit payment was recorded.

FAIR VALUE MEASUREMENTS

Generally accepted accounting principles in the United States of America have established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets

FAIR VALUE MEASUREMENTS (Continued):

or identical assets (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets in active markets;
- Quoted prices for identical or similar assets in inactive markets;
- Inputs other than quoted prices that are observable for the asset;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The assets' fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

See the *Summary of Significant Accounting Policies* note for description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

The valuation methods described in the *Summary of Significant Accounting Policies* note may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

FAIR VALUE MEASUREMENTS (Continued):

The following table sets forth, by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020:

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 2,528,588			$ 2,528,588
Total Assets in Fair Value Hierarchy	$ 2,528,588	$	$	$ 2,528,588
Investments Measured at NAV Practical Expedient				47,814
Total				$ 2,576,402

The following table sets forth, by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019:

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 3,337,113			$ 3,337,113
Total Assets in Fair Value Hierarchy	$ 3,337,113	$	$	$ 3,337,113
Investments Measured at NAV Practical Expedient				36,108
Total				$ 3,373,221

INVESTMENT IN COLLECTIVE INVESTMENT TRUST

The Plan held an investment in a collective investment trust, specifically the Goldman Sachs Stable Value Collective Trust (GSSVCT). The GSSVCT is primarily invested in stable value investment contracts. The GSSVCT's investment objective is to earn income, while seeking to preserve capital and stability of principal. The GSSVCT also seeks to maintain a stable net asset value of $1.00. The GSSVCT is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. There are no unfunded commitments and the redemption frequency is daily.

PARTY IN INTEREST

Since The Vanguard Group (Vanguard) provided services to the Plan, the investments in Vanguard funds constituted party-in-interest investments as defined by ERISA. Fees paid by the Plan to Vanguard amounted to $143 for the period ended January 25, 2021 and $2,850 and $3,190, respectively, for the each of the years ended December 31, 2020 and 2019.

INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by letter dated March 31, 2014, that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan was amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe the Plan was designed and operated in compliance with the applicable requirements of the IRC.

INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The following is a summary of the investment information regarding the Plan for the period ended January 25, 2021 and as of December 31, 2020 and 2019, and for the years then ended, included in the Plan's financial statements and supplemental schedule that was prepared by or derived from information prepared by the trustee of the Plan, and furnished to the Plan Administrator. The information has been certified as complete and accurate by the trustee in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	2021	2020	2019
Investments, at Fair Value	$ 0	$ 2,576,402	$ 3,373,221
Investment Income	$ 49,973	$ 326,581	$ 560,659

SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 28, 2021, the date which the financial statements were available for issue.

Printed on Recycled Paper

SUPPLEMENTAL INFORMATION

Printed on
Recycled Paper

VISIONARY SLEEP, LLC
401(k) PROFIT SHARING PLAN

FEIN 36-4849589
PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2020

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Goldman Sachs	Stable Value Collective Trust Select Series Class 1	$ 47,814
	Blackrock	High Yield Bond Portfolio Class K	16,459
	DFA	Emerging Markets Core Equity Portfolio Institutional Class	39,766
	Fidelity	Real Estate Index Fund	23,499
	AllianzGI	Small-Cap Value Fund Institutional Class	52,550
	Schwab	Indexed Retirement Trust Fund 2010	38,360
	Schwab	Indexed Retirement Trust Fund 2015	76
	Schwab	Indexed Retirement Trust Fund 2020	328,385
	Schwab	Indexed Retirement Trust Fund 2025	651,801
	Schwab	Indexed Retirement Trust Fund 2030	684,285
	Schwab	Indexed Retirement Trust Fund 2035	61,592
	Schwab	Indexed Retirement Trust Fund 2040	185,137
	Schwab	Indexed Retirement Trust Fund 2045	88,114
	Schwab	Indexed Retirement Trust Fund 2050	18,482
	Schwab	Indexed Retirement Trust Fund 2055	23,704
	Schwab	Indexed Retirement Trust Fund 2060	1,673
*	Vanguard	500 Index Fund Admiral Shares	22,820
*	Vanguard	Mid-Cap Index Fund Admiral Shares	61,734
*	Vanguard	Developed Markets Index Fund Admiral Shares	23,399
*	Vanguard	Short-Term Bond Index Fund Admiral Shares	14,632
*	Vanguard	Total International Bond Index Fund Admiral Shares	3,374
*	Vanguard	Total International Stock Index Fund Admiral Shares	28,569
*	Vanguard	Total Stock Market Index Fund Admiral Shares	86,226
*	Vanguard	Total Bond Market Index Fund Admiral Shares	72,159
*	Vanguard	Short-Term Inflation-Protected Securities Index Admiral Shares	1,792
	Participant Loans	Interest Rates of 4.25% to 6.5%	49,019
			$ 2,625,421

*Denotes party-in-interest to the Plan

See Independent Auditor's Report and Accompanying Notes to Financial Statements.

Lipschultz, Levin & Gray
L.L.C. Certified Public Accountants

Printed on Recycled Paper