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 01/01/2018 and ending 12/31/2018

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] 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
- [X] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ROCKPORT CLIENTS 401(K) PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2013

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)
ROCKPORT ADMINISTRATIVE SERVICES, LLC

3580 WILSHIRE BLVD.
SUITE 600
LOS ANGELES, CA 90010

2b Employer Identification Number (EIN) 27-2831270

2c Plan Sponsor's telephone number 323-330-6500

2d Business code (see instructions) 623000

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.	06/24/2021	STEVEN STROLL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/24/2021	STEVEN STROLL
	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**	6579
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)**	6347
a(2) Total number of active participants at the end of the plan year	**6a(2)**	6636
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	233
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	6869
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	6869
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	563
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:

2F 2G 2J 3D 3H

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] 1 **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 A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
ROCKPORT CLIENTS 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ROCKPORT ADMINISTRATIVE SERVICES, LLC

D Employer Identification Number (EIN)
27-2831270

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY (USA)

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	108543	604	01/01/2018	12/31/2018

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
15679	3253

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LEUMI INVESTMENT SERVICES, INC.
555 WEST 5TH STEET
SUITE 3300
LOS ANGELES, CA 90013

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15679			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DISSINGER ASSOCIATES
16501 VENTURA BLVD.
SUITE 408
ENCINO, CA 91436

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	3253	CONTRACT MAINTENENCE AND RETENTION	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	6344892

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	0
c	Premiums due but unpaid at the end of the year	**6c**	0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	0

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**	0		
	(2) Dividends and credits	**7c(2)**	0		
	(3) Interest credited during the year	**7c(3)**	0		
	(4) Transferred from separate account	**7c(4)**	0		
	(5) Other (specify below) ▶	**7c(5)**	0		
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	0		
	(2) Administration charge made by carrier	**7e(2)**	0		
	(3) Transferred to separate account	**7e(3)**	0		
	(4) Other (specify below) ▶	**7e(4)**	0		
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 01/01/2018 and ending 12/31/2018

A Name of plan
ROCKPORT CLIENTS 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ROCKPORT ADMINISTRATIVE SERVICES, LLC

D Employer Identification Number (EIN)
27-2831270

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).. . . . . ☐ 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

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(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)

JOHN HANCOCK USA

01-0233346

(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?
15 28 59 60 62 63 67 68	RECORDKEEPER	1709	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 01/01/2018 and ending 12/31/2018

A Name of plan
ROCKPORT CLIENTS 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ROCKPORT ADMINISTRATIVE SERVICES, LLC

D Employer Identification Number (EIN)
27-2831270

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: JH RET TO 2055 MANAGED PORTFOLIO

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	100001

a Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2050 MANAGED PORTFOLIO

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	468648

a Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2045 MANAGED PORTFOLIO

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	417582

a Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2040 MANAGED PORTFOLIO

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	469419

a Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2035 MANGED PORTFOLIO

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	700132

a Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2030 MANAGED PORTFOLIO

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	704313

a Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2025 MANAGED PORTFOLIO

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	1388472

a Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2020 MANAGED PORTFOLIO

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 572560

a Name of MTIA, CCT, PSA, or 103-12 IE: JH RET INCOME MANAGED PORTFOLIO

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 135549

a Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2060 MANAGED PORTFOLIO

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13754

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US TARGETED VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21981

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38577

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON FOREIGN SMALLER CO

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19992

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROWTH INDEX

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74601

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65870

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US SMALL CAP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6485

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65753

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55393

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STABLE VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 357898

a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT VALUE OPPS FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23115

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64094

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP GROWTH EFT

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27781

a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142703

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42240

a Name of MTIA, CCT, PSA, or 103-12 IE: WISDOM TREE MIDCAP DIVIDEND EFT

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22910

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 168927

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67881

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75426

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32835

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
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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 01/01/2018 and ending 12/31/2018

A Name of plan
ROCKPORT CLIENTS 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ROCKPORT ADMINISTRATIVE SERVICES, LLC

D Employer Identification Number (EIN)
27-2831270

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	6	808
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	44171	2451
(3) Other	1b(3)	802	
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)	242365	213423
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	5860749	6344892
(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)		
(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	6148093	6561574
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6148093	6561574

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)	1252709	
	(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)		1252709
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)		
	(E) Participant loans	2b(1)(E)	13320	
	(F) Other	2b(1)(F)	2208	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		15528
	(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)		
	(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)		
	(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-381120
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		887117
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	322746	
(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)		322746
f Corrective distributions (see instructions)	2f		133617
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	3885	
(2) Contract administrator fees	2i(2)	13388	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		17273
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		473636
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		413481
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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)** [X] 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: MEIR AND MEIR, LLP **(2)** EIN: 95-4359536

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		76412

			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? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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)

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 01/01/2018 and ending 12/31/2018

A Name of plan
ROCKPORT CLIENTS 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ROCKPORT ADMINISTRATIVE SERVICES, LLC

D Employer Identification Number (EIN)
27-2831270

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): 01-0233346

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_____

Rockport Clients 401(k) Plan and Trust

Financial Statements and Supplemental Schedules

As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

Rockport Clients 401(k) Plan and Trust

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Financial Statements and Supplemental Schedules

As of December 31, 2018 and 2017, and for the Year ended December 31, 2018

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Schedule I – Form 5500 – Schedule H – Line 4i – Schedule of Assets (Held at End of Year) 18
Schedule II – Form 5500 – Schedule H – Line 4a – Schedule of Delinquent Participant Contributions 19

Note: Schedules other than that listed above have been omitted because the information is otherwise disclosed, not applicable or not required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended.

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Independent Auditor's Report

To the Plan Administrative Committee of
the Rockport Clients 401(k) Plan and Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Rockport Clients 401(k) Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 that are 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 audit 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, however, 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 Note 9, which was certified by John Hancock Life Insurance Company (U.S.A.), the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2018 and 2017, that the information provided to the plan administrator by the custodian 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.

Other Matter

The supplemental schedules of Schedule H, line 4i – Schedule of Assets (Held at End of Year) and Schedule H, line 4a – Schedule of Delinquent Participant Contributions as of December 31, 2018 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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 schedules, other than that derived from the information certified by the custodian, 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.

Meirand Meir, LLP

Beverly Hills, California
May 26, 2021

Rockport Clients 401(k) Plan and Trust

Statements of Net Assets Available for Benefits

As of December 31,	**2018**	2017
Assets		
Non-interest bearing cash	**$ 808**	$ 6
Investments at fair value	**6,344,892**	5,860,749
Receivables:		
Participants' contributions	**2,451**	44,171
Notes receivable from participants	**213,423**	242,365
Receivable from related party	**-**	802
	215,874	287,338
Total assets	**6,561,574**	6,148,093
Liabilities		
Accounts payable	**103,689**	134,809
Total liabilities	**103,689**	134,809
Net assets available for benefits	**$ 6,457,885**	$ 6,013,284

See accompanying notes.

Rockport Clients 401(k) Plan and Trust

Statement of Changes in Net Assets Available for Benefits

Year ended December 31,		**2018**
Additions		
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	**$**	**(381,120)**
Total investment income (loss)		**(381,120)**
Interest income on notes receivable from participants		**13,320**
Interest income on late deposits of employee contributions		**2,208**
Contributions:		
Participants		**1,252,709**
Excess contributions		**(103,689)**
Total contributions		**1,149,020**
Total additions		**783,428**
Deductions		
Deductions from net assets attributed to:		
Benefits paid to participants		**322,746**
Administrative expenses		**16,081**
Total deductions		**338,827**
Net increase		**444,601**
Net assets available for benefits:		
Beginning of period		**6,013,284**
End of period	**$**	**6,457,885**

See accompanying notes.

1. Description of Plan

The following description of the Rockport Clients 401(k) Plan and Trust ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution multiple employer plan that was adopted effective January 1, 2013 for the benefit of the employees of various employers (collectively the "Company"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). As of December 31, 2018, the Plan had 86 participating employers (see Note 10). During 2018, employees of 58 participating employers made deferral contributions. The Administrative Committee oversees governance of the Plan. Plan management determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Administrative Committee.

Contributions

Each year participants may contribute up to 100% of pretax annual salary and 90% of bonuses, as defined in the Plan limited to the maximum amount allowed by law for the plan year. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various separate accounts and a collective trust. Each participating employer may make discretionary matching contributions to be allocated among eligible employees of that employer. In 2018, no employer contributions were made to the Plan. Contributions are subject to certain statutory limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's matching contribution and (b) Plan earnings (losses), and charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined. Certain administrative expenses are allocated equally between all

1. Description of Plan (Continued)

participants. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in matching contributions plus earnings thereon is based on years of continuous service. Each participating employer has his own vesting schedule.

Forfeitures subject to allocation each plan year are determined separately by each participating employer and allocated among the employees of that employer or the employees of the participating employer who made the forfeited contributions.

Notes Receivable from Participants

Participants may borrow from their fund account a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant loan fund. Loan terms range up to five years or longer for the purchase of a primary residence. The notes are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates as determined periodically by the plan administrator. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Upon termination of service due to death, disability, or retirement, participants may elect to receive the vested interest of their accounts in the form of a single sum of cash payment, or a direct rollover to an individual retirement account or another employer plan. Inservice distributions are available to employees who have attained age 59 ½. Hardship withdrawals are also available.

Forfeited Accounts

At December 31, 2018 and 2017 the total forfeited nonvested accounts amounted to $808 and $6, respectively. These funds were transferred to the Plan upon a merger of four 401(k) plans to the Plan, that took place on October 31, 2013.

1. Description of Plan (Continued)

Plan Administration

The Plan is administered by Rockport Administrative Services, LLC. The plan administrator controls and manages the operation and administration of the Plan.

John Hancock Life Insurance Company (U.S.A) ("John Hancock") serves as the custodian. Dissinger Associates is the third party administrator.

Eligibility

All employees having reached the age of 21 and completed 1 year of service are eligible for participation in the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

2. Summary of Significant Accounting Policies (Continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2018 and 2017, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Excess Contributions Payable

Amounts payable to participants totaling $103,689 and $134,809 for contributions in excess of amounts allowed by the Internal Revenue Service ("IRS") are recorded as accounts payable, with a corresponding reduction to 2018 and 2017 contributions. The Plan distributed the 2018 excess contributions before March 15, 2019 and the 2017 excess contributions after March 15, 2018.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements (see Note 4). Investment-related expenses are included in net appreciation in fair value of investments. Fees for the administration of notes receivable from participants are included in administrative expenses and charged directly to the participant's account.

Net Appreciation (Depreciation) in Fair Value of Investments

Net appreciation (depreciation) in fair value of investments is based on the fair value of the assets at the beginning of the plan year, or at the time of purchase during the plan year, and the related fair value on the day investments are sold with respect to realized appreciation (depreciation), or on the last day of the year with respect to unrealized appreciation (depreciation).

2. Summary of Significant Accounting Policies (Continued)

Realized and unrealized appreciation (depreciation) is recorded in the accompanying statement of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments.

Recent Accounting Pronouncements

In August 2018, the Financial Accounting Standards Board (FASB) issued ASU 2018-13 - Fair Value Measurement - Disclosure Framework (ASC 820). The guidance modifies the disclosure requirements for fair value measurements. The updated guidance is effective for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019 with early adoption permitted. The Plan is currently assessing the impact of adoption.

Date of Management's Review of Subsequent Events

Subsequent events were evaluated through May 26, 2021, which is the date the financial statements were available to be issued.

3. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2

3. Fair Value Measurements (Continued)

inputs were not available. There are no plan assets requiring the use of Level 2 and Level 3 inputs for the period presented.

Level 1 Fair Value Measurements

The fair value of separate accounts is based on the net asset values of the underlying mutual funds.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2018 and 2017:

		Fair Value Measurements at the End of the Reporting Period Using: Quoted Prices in Active Markets for Identical Assets (Level 1)		
December 31, 2018		**(Level 1)**		**Fair Value**
Separate accounts	**$**	**6,344,892**	**$**	**6,344,892**
Total assets at fair value	**$**	**6,344,892**	**$**	**6,344,892**

December 31, 2017		**(Level 1)**		**Fair Value**
Separate accounts	$	5,860,749	$	5,860,749
Total assets at fair value	$	5,860,749	$	5,860,749

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2018 and 2017, are reported in net appreciation in fair value of investments.

The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the years ended December 31, 2018 and 2017, there were no significant transfers between Levels 1 and 2 and no transfers into or out of Level 3.

4. Related Party and Party in Interest Transactions

Certain plan investments are shares of separate accounts managed by John Hancock. John Hancock is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Administrative fees paid by the Plan to John Hancock amounted to $13,388 for the year ended December 31, 2018. Indirect

4. Related Party and Party in Interest Transactions (Continued)

compensation to John Hancock is reflected as a reduction of investment return for applicable investments.

Additionally, the Company provides to the Plan certain accounting and administrative services for which no fees are charged. As the Company is the plan sponsor, these transactions qualify as party-in-interest transactions.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

5. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

6. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 as of December 31, 2018 and 2017:

December 31,		**2018**		2017
Net assets available for benefits per the financial statements	**$**	**6,457,885**	$	6,013,284
Add: Excess contributions		**103,689**		134,809
Net assets available for benefits per Form 5500	**$**	**6,561,574**	$	6,148,093

The following is a reconciliation of increase in net assets per the financial statements to increase in net assets per Form 5500 for the year ended December 31, 2018:

December 31,		**2018**
Increase in net assets per the financial statements	**$**	**444,601**
Add: 2018 Excess contributions		**103,689**
Deduct: 2017 Excess contributions		**(134,809)**
Increase in net assets available for benefits per Form 5500	**$**	**413,481**

For the years ended December 31, 2018 and 2017, excess contributions to be refunded were not reflected on Form 5500.

Certain balances included on Schedule H Part I and II on the Annual Return/Report of Employee Benefits Plan (Form 5500) have been reclassified for purposes of presentation in the financial statements.

7. Tax Status

The Plan currently operates under a Volume Submitter Profit Sharing Plan offered by Sungard Business Systems LLC, which received a favorable opinion letter from the Internal Revenue Service dated March 31, 2014. The plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

The Plan is required to disclose significant concentrations of credit risk regardless of the degree of such risk. At December 31, 2018 and 2017, the financial instruments, which potentially subject the Plan to a concentration of credit risk, consisted principally of cash, investments and notes receivable from participants.

9. Custodian's Certification

The investment balance and related investment information included in the financial statements, accompanying notes and supplemental schedules are derived from statements which have been certified by John Hancock as complete and accurate in accordance with 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

10. Participating Employers

During 2018, 58 companies which participated in the Plan made total contributions of $1,252,709 as follows:

10. Participating Employers (Continued)

Employer Names	Participants' Contributions
Alhambra Healthcare & Wellness Centre, LP	$ -
Anaheim Point Healthcare & Wellness Centre, LP	**882**
Bakersfield Healthcare & Wellness Centre, LLC	-
Bay Vista Healthcare & Wellness Centre, LP	**1,875**
Brookdale Healthcare & Wellness, Centre, LP	-
B-East, LLC	**31,992**
B-San Diego, LLC	**21,051**
B-Spring Valley, LLC	**3,899**
Cadence Healthcare, LLC	-
Centinela Assisted Living Management, LLC	-
Centinela Skilled Nursing & Wellness Centre East, LLC	**7,811**
Centinela Skilled Nursing & Wellness Centre West, LLC	**1,650**
Chico Healthcare & Wellness Centre, LP	-
Chico Heights Rehabilitation & Wellness Centre, LP	**15,755**
Chico Terrace Healthcare & Wellness Centre, LP	**47,102**
Clairemont Healthcare & Wellness Centre, LLC	-
CNRC, LLC	-
Country Villa Novato Healthcare Center, LLC	**80,222**
Country Villa Pomona Healthcare Center, LLC	**25,861**
Driftwood Healthcare & Wellness Center, LLC	**33,860**
East Terrace Rehabilitation & Wellness Center, LP	**5,746**
Eureka Rehabilitation & Wellness Center, LP	**2,675**
Fortuna Rehabilitation & Wellness Center, LP	**16,063**
Four Seasons Assisted Living Center, LLC	-
Four Seasons Healthcare & Wellness Center, LP	**5,400**
Fresno Skilled Nursing & Wellness Centre, LLC	-
Gardenview Healthcare & Wellness Centre, LP	-
Granada Rehabilitation & Wellness Center, LP	**15,079**
Grand Avenue Healthcare & Wellness Center, LP	**14,776**
Granite Hills Healthcare & Wellness Centre, LLC	**4,331**
Hacienda Heights Healthcare & Wellness Centre, LP	-
Hawthorne Healthcare & Wellness Centre, LLC	**100**
Highland Park Skilled Nursing & Wellness Centre, LLC	**49,182**
Imperial Heights Healthcare & Wellness Centre, LLC	-
Indio Healthcare & Wellness Center, LLC	-
Kingston Healthcare Center, LLC	-
Lawndale Healthcare & Wellness Centre, LLC	**1,225**
Lighthouse Healthcare Center, LLC	**17,645**
Los Feliz Healthcare & Wellness Centre, LP	**2,979**
Mar Vista Country Villa Healthcare & Wellness Centre, LP	**14,907**
Maywood Skilled Nursing & Wellness Centre, LLC	**19,460**
Mesa Verde Convalescent Hospital, Inc.	**200**
Millbrae Assisted Living Center, LLC	-
Montecito Heights Healthcare & Wellness Centre, LP	-
Monterey Healthcare & Wellness Centre, LP	-

10. Participating Employers (Continued)

North Hills Healthcare & Wellness Centre, LP	-
North Palms Rehabilitation & Wellness Centre, LP	-
North Point Healthcare & Wellness Centre, LP	**1,421**
Norwalk Skilled Nursing & Wellness Centre, LLC	**74,682**
Oakhurst Skilled Nursing & Wellness Centre, LLC	-
Ontario Grove Healthcare & Wellness Centre, LP	-
Orange Healthcare & Wellness Centre, LLC	**31,140**
Overland Terrace Healthcare & Wellness Centre, LP	**14,040**
Oxnard Manor, LP	**600**
Pacific Rehabilitation & Wellness Center, LP	-
Pavillion on Pico Healthcare & Wellness Centre, LP	**5,039**
Pine Grove Healthcare & Wellness Centre, LP	**16,553**
Point Loma Rehabilitation Center, LLC	**18,831**
Princeton Manor Healthcare, LLC	**67,649**
River Valley Healthcare & Wellness Centre, LP	**7,495**
Riverside Healthcare & Wellness Centre, LLC	**3,274**
San Gabriel Healthcare & Wellness Centre, LP	**12,663**
San Marino Gardens Wellness Centre, LP	**5,799**
San Mateo Healthcare & Wellness Centre, LP	**162,019**
San Rafael Rehabilitation & Wellness Center, LP	-
Santa Ana Healthcare & Wellness Centre, LP	**11,971**
Seaview Rehabilitation & Wellness Center, LP	**26,591**
Secrom, Inc.	-
Skyline Healthcare & Wellness Center, LLC	-
Solnus Eight, LLC	**6,542**
Solnus Five, LLC	**30,205**
Solnus Four, LLC	**56,266**
Solnus One, LLC	**34,663**
Solnus Seven, LLC	**12,147**
Solnus Six, LLC	**95,920**
Solnus Three, LLC	**26,005**
Solnus Two, LLC	**12,684**
The Healthcare Center of Downey, LLC	**43,365**
The Rehabilitation & Wellness Centre of Dallas, LLC	**500**
Verdugo Valley Skilled Nursing & Wellness Centre, LLC	**6,803**
Vernon Healthcare Center, LLC	**3,992**
West Hollywood Healthcare & Wellness Centre, LP	**1,400**
West Pico Terrace Assisted Living Center, LP	-
West Pico Terrace Healthcare & Wellness Centre, LP	-
Westwood Healthcare & Wellness Centre, LP	**16,964**
York Healthcare & Wellness Centre, LP	**3,758**
Total participants' contributions	**$ 1,252,709**

11. Non-exempt Transactions

In May and October of 2016, the Company was not in compliance with the Department of Labor requirements to remit participant contributions for the amounts of $75 and $14,988, respectively, to the Plan within 15 business days of the month following the month in which the contributions were withheld by the employer. On November 28, 2018, the Company paid the Plan $507 for the lost earnings on the late deposit of $14,988. On May 14, 2019, the Company made a contribution of $75 plus interest of $34 for the late deposit of $75.

In January and December of 2017, the Company was not in compliance with the Department of Labor requirements to remit participant contributions for the amounts of $64, $17,312, and $20,434 to the Plan within 15 business days of the month following the month in which the contributions were withheld by the employer. On November 28, 2018, the Company paid the Plan $174 for lost earnings on the late deposits.

In November and December of 2017, Princeton Manor Healthcare Center, LLC ("Princeton") was not in compliance with the Department of Labor requirements to remit participant contributions for the amounts of $2,415, $1,254, $1,349, and $1,332 to the Plan within 15 business days of the month following the month in which the contributions were withheld by the employer. On April 30, 2018, Princeton paid the Plan $631 for lost earnings on the late deposits.

In March 2015, the Company was not in compliance with the Department of Labor requirements to remit participant contributions for the amount of $13,570 to the Plan within 15 business days of the month following the month in which the contributions were withheld by the employer. On December 19, 2018, the Company paid the Plan $99 for lost earnings on the late deposits.

In October 2017, the Company was not in compliance with the Department of Labor requirements to remit participant contributions for the amount of $14,988 to the Plan within 15 business days of the month following the month in which the contributions were withheld by the employer. On December 19, 2018, the Company paid the Plan $508 for lost earnings on the late deposits.

11. Non-exempt Transactions (Continued)

During the period from October 10, 2017 to April 10, 2018, Princeton and Kingston Healthcare Center, LLC ("Kingston") remitted late deposits of participant contributions. On May 11, 2018, the Company paid the Plan $290 for lost earnings on the late deposits.

12. Subsequent Events

The Plan monitors significant events occurring after the statement of net assets available for benefits date and prior to the issuance of the financial statements to determine the impacts, if any, on the financial statements to be issued. The Plan has evaluated subsequent events through the date which the financial statements are issued.

In 2014, Westwood Healthcare and Wellness Centre, LP ("Westwood") joined the Plan. No assets were transferred to the Plan and participants of Westwood were eligible to make deferrals to the Plan in 2016. However, some employees started participating too early. The Plan is currently in the process of filing a request with the IRS through the EPCRS to allow such non-highly compensated employees to be retroactively eligible.

In October 2016, two employers, Princeton and Kingston, allowed their employees to contribute to the Plan prior to executing Participation Agreements. The Plan is currently in the process of voluntarily filing a request with the IRS through the Employee Plan Compliance Resolution System (EPCRS) to allow each of the companies to adopt the Plan retroactively to its effective date of participation.

In 2018, Lighthouse Healthcare Center, LLC ("Lighthouse"), a participating employer in the Plan, failed to timely correct the 2017 ADP test by making the required corrective distribution. On December 24, 2019, Lighthouse made total contributions of $1,027 to all employees of Lighthouse who made a deferral to the Plan during 2017. During December 2019, Lighthouse formed its own 401(k) plan and transferred its assets to the new plan.

In February, May, November, and December of 2018, the Company was not in compliance with the Department of Labor requirements to remit participant contributions for the amounts of $1,207, $1,473, $880, $53,302, $237, $16,373, $729, $721, $755, and $735 to the Plan within 15 business days of the month following the month in which the contributions were withheld by the employer. On February 26, 2021, the Company paid the Plan $743 for lost earnings on the late deposits.

12. Subsequent Events (Continued)

In March 2019, the Company was not in compliance with the Department of Labor requirements to remit participant contributions for the amount of $1,573 to the Plan within 15 business days of the month following the month in which the contributions were withheld by the employees. On February 26, 2021, the Company paid the Plan $12 for lost earnings on the late deposits.

Effective February 1, 2021, the majority owner of the Plan's participating employers acquired three additional skilled nursing facilities. Those facilities have become signatories to the Rockport Clients 401(k) Plan and Trust. The facilities previously participated in a common 401(k) plan that was terminated prior to their acquisition.

The COVID-19 outbreak has resulted in widespread and continuing impacts on the global economy. Financial and credit markets have experienced and may continue to experience significant volatility and turmoil. This volatility and turmoil may impact the fair values of Plan assets. The extent to which COVID-19 impacts the Plan's financial position and results will depend on future developments, which are highly uncertain and cannot be predicted, including new information that may emerge concerning the severity of the virus and the actions to contain and treat its impacts, among others.

In March 2020, the Coronavirus Aid, Relief and Economic Security Act (CARES Act) was signed into law. The CARES Act contains certain provisions that were adopted which will temporarily impact the Plan, including allowing certain eligible participants to receive hardship distributions, suspension of loan repayments, and delay of minimum required distributions. The future effects from the CARES Act on the Plan's financial statements are uncertain.

13. DOL Investigation

In 2017, a Department of Labor (DOL) investigation was opened regarding the operation of the Plan. The focus of the investigation so far was the transfer of assets from related plans which merged into the Plan. Management is fully cooperating with the DOL in providing all the pertinent documents requested. Management is confident that the investigation will have no negative effect on the operation of the Plan.

Rockport Clients 401(k) Plan and Trust

Form 5500 – Schedule H – Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2018

EIN: 27-2831270
Plan number: 002

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Par or Maturity Value	Current Value

See attached Schedule of Assets Held for Investment Purposes as provided by John Hancock.

* Represents a party-in-interest

ROCKPORT CLIENTS | Contract: 108543

investment allocation

Investment allocation as of **December 31, 2018**

JH Signature	Options with assets	Participants invested	Employee assets ($)	Employer assets ($)	Total assets ($)	% of total
Total all investment options excluding Asset Allocation Portfolios	**19**	**77**	**1,374,461.72**	**0.00**	**1,374,461.72**	**21.66%**
Total Asset Allocation – Target Date Portfolios	**10**	**479**	**4,730,200.32**	**240,230.09**	**4,970,430.41**	**78.34%**

Investment option	Participant invested (current)	Employee assets ($)	Employer assets ($)	Total assets ($)	% of total
Asset Allocation - Target Date					
JH Multi-Index 2060 Preserv	11	13,754.37	0.00	13,754.37	0.22%
JH Multi-Index 2055 Preserv	17	100,001.00	0.00	100,001.00	1.58%
JH Multi-Index 2050 Preserv	66	449,966.54	18,681.15	468,647.69	7.39%
JH Multi-Index 2045 Preserv	47	397,538.78	20,043.41	417,582.19	6.58%
JH Multi-Index 2040 Preserv	60	449,350.12	20,069.06	469,419.18	7.4%
JH Multi-Index 2035 Preserv	72	668,692.80	31,439.00	700,131.80	11.03%
JH Multi-Index 2030 Preserv	65	667,267.13	37,045.40	704,312.53	11.1%
JH Multi-Index 2025 Preserv	66	1,316,298.90	72,173.26	1,388,472.16	21.88%
JH Multi-Index 2020 Preserv	41	548,850.40	23,709.91	572,560.31	9.02%
JH Multi-Index Income Preserv	41	118,480.28	17,068.90	135,549.18	2.14%
Aggressive Growth					
DFA US Targeted Value Fund	11	21,981.42	0.00	21,981.42	0.35%
DFA U.S. Small Cap Fund	8	6,485.01	0.00	6,485.01	0.1%
Intl Equity Index Fund	20	65,869.60	0.00	65,869.60	1.04%
Invesco Opp Intl Growth Fund	24	38,577.30	0.00	38,577.30	0.61%
Lord Abbett Value Opps Fund	7	23,115.50	0.00	23,115.50	0.36%
Mid Cap Index Fund	14	64,094.35	0.00	64,094.35	1.01%
Small Cap Index Fund	10	65,752.57	0.00	65,752.57	1.04%
Templeton Foreign Smaller Co	7	19,991.93	0.00	19,991.93	0.32%
Vanguard Mid-Cap Growth ETF	16	27,780.51	0.00	27,780.51	0.44%
Vanguard Small Cap Grow Index	18	74,600.60	0.00	74,600.60	1.18%
WisdomTree MidCap Dividend ETF	14	22,910.02	0.00	22,910.02	0.36%
Growth					
500 Index Fund	27	168,927.30	0.00	168,927.30	2.66%
Blue Chip Growth Fund	22	142,702.79	0.00	142,702.79	2.25%
Mutual Global Discovery	23	67,881.33	0.00	67,881.33	1.07%
Fundamental Investors	15	42,239.71	0.00	42,239.71	0.67%
Washington Mutual Investors	20	75,425.51	0.00	75,425.51	1.19%
Income					
Core Bond Fund	12	32,834.83	0.00	32,834.83	0.52%
Total Bond Market Fund	17	55,393.08	0.00	55,393.08	0.87%
Conservative					
John Hancock Stable Val	39	357,898.36	0.00	357,898.36	5.64%
Participant Loans				213,423.58	

Rockport Clients 401(k)
Plan and Trust

Form 5500 – Schedule H – Line 4a – Schedule of Delinquent Participant Contributions
as of December 31, 2018

EIN: 27-2831270
Plan number: 002

See attached Schedule of Delinquent Participant Contributions as provided by Dissinger Associates.

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2018 and Ending 12/31/2018
Name of Plan: Rockport Clients 401(k) Plan and Trust
Employer Identification Number: 27-2831270 Three-digit plan number: 002

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ____	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$1,207		$1,207		
$1,473		$1,473		
$880		$880		
$53,302		$53,302		
$237		$237		
$16,373		$16,373		
$17,102		$17,102		
$290		$290		
$729		$729		
$721		$721		
$755		$755		
$735				

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 01/01/2018 and ending 12/31/2018

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] 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;
- [x] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information --- enter all requested information

1a Name of plan
Rockport Clients 401(k) Plan and Trust

1b Three-digit plan number (PN) ► 002

1c Effective date of plan 01/01/2013

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)

Rockport Administrative Services, LLC

3580 Wilshire Blvd.
Suite 600
US Los Angeles CA 90010

2b Employer Identification Number (EIN)
27-2831270

2c Plan Sponsor's telephone number
(323) 330-6500

2d Business code (see instructions)
623000

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	Steven Stroll	6/24/21	Steven Stroll
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Steven Stroll	6/24/21	Steven Stroll
	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

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2018 and ending 12/31/2018

Name of plan
Rockport Clients 401(k) Plan and Trust

Employer Identification Number
27-2831270

Three-digit plan number ► 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	John Hancock	Ret to 2055 Managed Port		100,001
*	John Hancock	Ret to 2050 Managed Port		468,648
*	John Hancock	Ret to 2045 Managed Port		417,582
*	John Hancock	Ret to 2040 Managed Port		469,419
*	John Hancock	Ret to 2035 Managed Port		700,132
*	John Hancock	Ret to 2030 Managed Port		704,313
*	John Hancock	Ret to 2025 Managed Port		1,388,472
*	John Hancock	Ret to 2020 Managed Port		572,560
*	John Hancock	Ret Income Managed Port		135,549
*	John Hancock	WIS Mid Cap Div ETF		22,910
*	John Hancock	DFA US Targeted Value Fd		21,981
*	John Hancock	Vanguard Mid Cap Grow ETF		27,781
*	John Hancock	Templeton Foreign Smaller Co		19,992
*	John Hancock	Vanguard Small Cap Grow Index		74,601
*	John Hancock	Intl Equity Index Fund		65,870
*	John Hancock	DFA US Small Cap Fd		6,485
*	John Hancock	Small Cap Index Fund		65,753
*	John Hancock	Oppenheimer Intl Growth Fd		38,577
*	John Hancock	Mid Cap Index Fund		64,094
*	John Hancock	Lord Abbett Val Opp Fd		23,115
*	John Hancock	Blue Chip Growth Fd		142,703
*	John Hancock	Fundamental Investors		42,240
*	Various Participants	Participant Loans 3.5% - 4.5%		213,423
*	John Hancock	500 Index Fund		168,927
*	John Hancock	Mutual Global Discovery		67,881
*	John Hancock	Washington Mutual Investors		75,426
*	John Hancock	Core Bond Fund		32,835
*	John Hancock	Total Bond Market Fd		55,393
*	John Hancock	John Hancock Stable Val Fd		357,898
*	John Hancock	Ret to 2060 Managed Port		13,754

Multiple Employer Plan Participating Employer Information

For the plan year beginning 01/01/2018 and ending 12/31/2018		
Name of Plan: Rockport Clients 401(k) Plan and Trust		PN: 002
Sponsor Name: Rockport Administrative Services, LLC		EIN: 27-2831270
Sponsor Name	EIN	Percent of Total Contributions
Alhambra Healthcare & Wellness Centre, LP	90-0853498	0.00%
Anaheim Point Healthcare & Wellness Centre, LP	61-1792867	0.07%
Bakersfield Healthcare & Wellness Centre, LLC	27-0716944	0.00%
Bay Vista Healthcare & Wellness Centre, LP	47-1554753	0.15%
Brookdale Healthcare & Wellness, Centre, LP	47-1469431	0.00%
B-East, LLC	20-4754094	2.55%
B-San Diego, LLC	20-4754141	1.68%
B-Spring Valley, LLC	20-4754166	0.31%
Cadence Healthcare, LLC	80-0614628	0.00%
Centinela Assisted Living Management, LLC	26-3833294	0.00%
Centinela Skilled Nursing & Wellness Centre East, LLC	26-3725120	0.62%
Centinela Skilled Nursing & Wellness Centre West, LLC	26-3725293	0.13%
Chico Healthcare & Wellness Centre, LP	35-2507328	0.00%
Chico Heights Rehabilitation & Wellness Centre, LP	47-1446528	1.26%
Chico Terrace Healthcare & Wellness Centre, LP	37-1765514	3.76%
Clairemont Healthcare & Wellness Centre, LLC	90-0806002	0.00%
CNRC, LLC	20-4754230	0.00%
Country Villa Novato Healthcare Center, LLC	26-0224087	6.40%
Country Villa Pomona Healthcare Center, LLC	26-1982629	2.06%
Driftwood Healthcare & Wellness Center, LLC	27-2296101	2.70%
East Terrace Rehabilitation & Wellness Center, LP	45-1532176	0.46%
Eureka Rehabilitation & Wellness Center, LP	27-4853251	0.21%
Fortuna Rehabilitation & Wellness Center, LP	27-4853759	1.28%
Four Seasons Assisted Living Center, LLC	45-2614498	0.00%
Four Seasons Healthcare & Wellness Center, LP	45-2606151	0.43%
Fresno Skilled Nursing & Wellness Centre, LLC	26-3896892	0.00%
Gardenview Healthcare & Wellness Centre, LP	47-1603445	0.00%
Granada Rehabilitation & Wellness Center, LP	27-4853078	1.20%
Grand Avenue Healthcare & Wellness Center, LP	35-2505308	1.18%
Granite Hills Healthcare & Wellness Centre, LLC	27-0907657	0.35%
Hacienda Heights Healthcare & Wellness Centre, LP	47-1603475	0.00%
Hawthorne Healthcare & Wellness Centre, LLC	80-0767121	0.01%
Highland Park Skilled Nursing & Wellness Centre, LLC	26-1993264	3.93%
Imperial Heights Healthcare & Wellness Centre, LLC	27-0387731	0.00%
Indio Healthcare & Wellness Center, LLC	27-2769892	0.00%
Kingston Healthcare Center, LLC	81-0893880	0.00%
Lawndale Healthcare & Wellness Centre, LLC	27-4321498	0.10%

Multiple Employer Plan Participating Employer Information

For the plan year beginning 01/01/2018 and ending 12/31/2018		
Name of Plan: Rockport Clients 401(k) Plan and Trust		PN: 002
Sponsor Name: Rockport Administrative Services, LLC		EIN: 27-2831270
Sponsor Name	EIN	Percent of Total Contributions
Lighthouse Healthcare Center, LLC	20-8565245	1.41%
Los Feliz Healthcare & Wellness Centre, LP	47-1567187	0.24%
Mar Vista Country Villa Healthcare & Wellness Centre, LP	47-1661149	1.19%
Maywood Skilled Nursing & Wellness Centre, LLC	26-4504718	1.55%
Mesa Verde Convalescent Hospital, Inc.	94-2169688	0.02%
Millbrae Assisted Living Center, LLC	46-5154627	0.00%
Montecito Heights Healthcare & Wellness Centre, LP	80-0960276	0.00%
Monterey Healthcare & Wellness Centre, LP	36-4770161	0.00%
North Hills Healthcare & Wellness Centre, LP	47-1581232	0.00%
North Palms Rehabilitation & Wellness Centre, LP	47-1634312	0.00%
North Point Healthcare & Wellness Centre, LP	32-0448266	0.11%
Norwalk Skilled Nursing & Wellness Centre, LLC	26-0532659	5.96%
Oakhurst Skilled Nursing & Wellness Centre, LLC	26-3896668	0.00%
Ontario Grove Healthcare & Wellness Centre, LP	47-1673649	0.00%
Orange Healthcare & Wellness Centre, LLC	27-0716748	2.49%
Overland Terrace Healthcare & Wellness Centre, LP	47-1673649	1.12%
Oxnard Manor, LP	73-1686304	0.05%
Pacific Rehabilitation & Wellness Center, LP	27-4853405	0.00%
Pavillion on Pico Healthcare & Wellness Centre, LP	47-1668069	0.40%
Pine Grove Healthcare & Wellness Centre, LP	90-0852683	1.32%
Point Loma Rehabilitation Center, LLC	20-4747776	1.50%
Princeton Manor Healthcare, LLC	81-3024537	5.40%
River Valley Healthcare & Wellness Centre, LP	90-1032628	0.60%
Riverside Healthcare & Wellness Centre, LLC	27-0716839	0.26%
San Gabriel Healthcare & Wellness Centre, LP	61-1684895	1.01%
San Marino Gardens Wellness Centre, LP	45-3025802	0.46%
San Mateo Healthcare & Wellness Centre, LP	80-0817283	12.93%
San Rafael Rehabilitation & Wellness Center, LP	35-2452212	0.00%
Santa Ana Healthcare & Wellness Centre, LP	47-1673805	0.96%
Seaview Rehabilitation & Wellness Center, LP	27-4853592	2.12%
Secrom, Inc.	20-3117299	0.00%
Skyline Healthcare & Wellness Center, LLC	27-2296214	0.00%
Solnus Eight, LLC	27-1783363	0.52%
Solnus Five, LLC	27-1783313	2.41%
Solnus Four, LLC	27-1783292	4.49%
Solnus One, LLC	27-1783234	2.77%
Solnus Seven, LLC	27-1783342	0.97%

Multiple Employer Plan Participating Employer Information

For the plan year beginning 01/01/2018 and ending 12/31/2018		
Name of Plan: Rockport Clients 401(k) Plan and Trust		PN: 002
Sponsor Name: Rockport Administrative Services, LLC		EIN: 27-2831270
Sponsor Name	EIN	Percent of Total Contributions
Solnus Six, LLC	27-1783328	7.66%
Solnus Three, LLC	27-1783275	2.08%
Solnus Two, LLC	27-1783250	1.01%
The Healthcare Center of Downey, LLC	45-3456314	3.46%
The Rehabilitation & Wellness Centre of Dallas, LLC	90-1022741	0.04%
Verdugo Valley Skilled Nursing & Wellness Centre, LLC	26-0782704	0.54%
Vernon Healthcare Center, LLC	20-8948994	0.32%
West Hollywood Healthcare & Wellness Centre, LP	47-1707940	0.11%
West Pico Terrace Assisted Living Center, LP	30-0840274	0.00%
West Pico Terrace Healthcare & Wellness Centre, LP	47-1705912	0.00%
Westwood Healthcare & Wellness Centre, LP	47-1671687	1.35%
York Healthcare & Wellness Centre, LP	35-2446690	0.30%
		100.00%

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 01/01/2018 and ending 12/31/2018

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] 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;
- [x] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information --- enter all requested information

1a Name of plan
Rockport Clients 401(k) Plan and Trust

1b Three-digit plan number (PN) ► 002

1c Effective date of plan 01/01/2013

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)

Rockport Administrative Services, LLC

3580 Wilshire Blvd.
Suite 600
US Los Angeles CA 90010

2b Employer Identification Number (EIN)
27-2831270

2c Plan Sponsor's telephone number
(323) 330-6500

2d Business code (see instructions)
623000

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	Steven Stroll	6/24/21	Steven Stroll
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Steven Stroll	6/24/21	Steven Stroll
	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

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2018 and Ending 12/31/2018
Name of Plan: Rockport Clients 401(k) Plan and Trust
Employer Identification Number: 27-2831270 Three-digit plan number: 002

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ____	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$1,207		$1,207		
$1,473		$1,473		
$880		$880		
$53,302		$53,302		
$237		$237		
$16,373		$16,373		
$729		$729		
$721		$721		
$755		$755		
$735		$735		