

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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ 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; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>FOLIAGE, INC. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/01/1992</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>02/01/1992</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>02/01/1992</u>					
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) <u>FOLIAGE, INC.</u> <u>20 NORTH AVE</u> <u>BURLINGTON, MA 01803</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>04-3159004</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>781-993-5500</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541511</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>04-3159004</u>	2c Plan Sponsor's telephone number <u>781-993-5500</u>	2d Business code (see instructions) <u>541511</u>	
2b Employer Identification Number (EIN) <u>04-3159004</u>					
2c Plan Sponsor's telephone number <u>781-993-5500</u>					
2d Business code (see instructions) <u>541511</u>					

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.	<u>10/17/2016</u>	<u>PERLA ORTIZ</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 274
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) 187
a(2) Total number of active participants at the end of the plan year	6a(2) 211
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 104
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 315
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 315
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 283
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 16
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan FOLIAGE, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FOLIAGE, INC.	D Employer Identification Number (EIN) 04-3159004	

Part I	Service Provider Information (see instructions)
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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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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)

LPL FINANCIAL LLC

95-2834236

(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?
55	N/A	0	Yes ☒ No ☐	Yes ☐ No ☒	40855	Yes ☐ No ☒

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

RELIANCE TRUST COMPANY

58-1428634

(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?
19 25 99	N/A	0	Yes ☒ No ☐	Yes ☐ No ☒	282	Yes ☐ No ☒

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

MASSMUTUAL RETIREMENT SERVICES, LLC

26-1589907

(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 37 38 49 50 59 60 62 63 64 65 72 99	N/A	0	Yes ☒ No ☐	Yes ☒ No ☐	0	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
MASSMUTUAL RETIREMENT SERVICES, LLC	52 59 60 62 63	0
(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.
SEE ATTACHED SCHEDULE C REPORT		SEE ATTACHED FORM 5500 SCHEDULE C REPORT
26-1589907		
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL LLC	55	40855
(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.
MML DISTRIBUTORS, LLC		SEE ATTACHED FORM 5500 SCHEDULE C REPORT
04-3356880		
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RELIANCE TRUST COMPANY	19 25 99	282
(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.
MASSMUTUAL RETIREMENT SERVICES, LLC		SEE ATTACHED FORM 5500 SCHEDULE C REPORT
26-1589907		

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
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(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:

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
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan FOLIAGE, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 FOLIAGE, INC.	D Employer Identification Number (EIN) 04-3159004	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	173087	105797
	(9) Value of interest in common/collective trusts.....	1c(9)	1097714	1019336
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	25677684	27386702
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	26948485	28511835

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	26948485	28511835
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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)	541342	
(B) Participants	2a(1)(B)	2170712	
(C) Others (including rollovers)	2a(1)(C)	170502	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2882556
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)	5368	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5368
(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)	1327382	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1327382
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		15103
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1351925
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2878484

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1298980	
(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)		1298980
f Corrective distributions (see instructions)	2f		4825
g Certain deemed distributions of participant loans (see instructions)	2g		11329
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1315134

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1563350
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: KATZ, NANNIS, & SOLOMAN, PC

(2) EIN: 04-2887211

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	N/A	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.)	☒	☐	☐	333987
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.)	☐	☒	☐	

	Yes	No	N/A	Amount
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.)		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.)		X		
e Was this plan covered by a fidelity bond?	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?		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?		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?		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.)	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.)		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?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 section 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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>FOLIAGE, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FOLIAGE, INC.</u>	D Employer Identification Number (EIN) <u>04-3159004</u>

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	
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): <u>04-1590850</u>		
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
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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
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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.
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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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:		14a	
	a The current year		14b	
	b The plan year immediately preceding the current plan year		14c	
	c The second preceding plan year			
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
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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): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Foliage, Inc. 401(k) Plan

***Financial Statements and
Supplemental Schedules***

Years Ended December 31, 2015 and 2014

Foliage, Inc. 401(k) Plan
Financial Statements and Supplemental Schedules
December 31, 2015 and 2014
Contents

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Katz, Nannis + Solomon, PC
Certified Public Accountants

Independent Auditors' Report

To the Trustee and Participants
Foliage, Inc. 401(k) Plan
Burlington, Massachusetts

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Foliage, Inc. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for plan benefits as of December 31, 2015 and 2014, the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' 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 C, which was certified by Reliance Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule H, Line 4a-schedule of delinquent participant contributions and schedule H, line 4i-schedule of assets (held at end of year), which are the responsibility of management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental 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 trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Katz, Harris + Solomon, P.C.

October 13, 2016
Waltham, Massachusetts

Foliage, Inc. 401(k) Plan
Statements of Net Assets Available for Plan Benefits
December 31,

	2015	2014
Assets		
Investments, at Fair Value	\$ 28,406,038	\$ 26,775,398
Receivables		
Employer contributions	34,212	-
Participants' contributions	137,769	-
Notes receivable from participants	105,797	173,087
Total Receivables	277,778	173,087
Total Assets	28,683,816	26,948,485
Liabilities		
Refundable excess deferrals	(14,756)	-
Accrued administrative expenses	(21,000)	(10,000)
Total Liabilities	(35,756)	(10,000)
Net Assets Available for Plan Benefits	\$ 28,648,060	\$ 26,938,485

See accompanying notes.

Foliage, Inc. 401(k) Plan
Statements of Changes in Net Assets Available for Plan Benefits
Years Ended December 31,

	2015	2014
Additions to Net Assets Attributed to		
Investment income (loss)		
Net depreciation in fair value of investments	\$ (1,336,822)	\$ (292,261)
Interest and dividends	1,327,382	1,395,411
Net Investment Income (Loss)	(9,440)	1,103,150
Interest from Participant Loans	5,368	7,462
Contributions		
Employer	575,554	584,967
Participants' deferrals	2,293,725	2,434,333
Participants' rollovers	170,502	555,370
Total Contributions	3,039,781	3,574,670
Total Additions	3,035,709	4,685,282
Deductions from Net Assets Attributed to		
Benefits paid to participants	1,315,134	812,365
Administrative expenses	11,000	10,000
Total Deductions	1,326,134	822,365
Net Increase in Net Assets Available for Plan Benefits	1,709,575	3,862,917
Net assets available for plan benefits, beginning of year	26,938,485	23,075,568
Net Assets Available for Plan Benefits, End of Year	\$ 28,648,060	\$ 26,938,485

See accompanying notes.

A. Plan Description

The following description of the Foliage, Inc. 401(k) Plan (the "Plan") provides only general information. A more complete description of the Plan's provisions is in the Plan Agreement.

1. General - The Plan is a defined contribution plan covering substantially all employees of Foliage, Inc. (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
2. Eligibility - Substantially all employees of the Company are eligible to participate in the Plan upon attaining age 21. Employees become a participant in the Plan on the earlier of January 1st, April 1st, July 1st, or October 1st after satisfying the age requirement.
3. Contributions - All employees who become participants on or after the effective date will have pre-tax deferrals automatically taken out of the participant's compensation, at a rate of 5% of compensation, subject to maximum limits set by the Internal Revenue Code ("IRC"). The participant, however, does retain the option to select an alternative deferral amount, subject to maximum limits set by the IRC, or to elect not to defer under the Plan altogether.

Participants may also contribute distributions from other qualified retirement plans ("rollovers").

The Company's contributions to the Plan are determined by its Board of Directors but the amounts contributed cannot exceed the maximum amounts permissible under the provisions of the IRC. Employee deferred salary contributions may be matched by the Company in accordance with the provisions of the Plan. In addition, the Company may make a discretionary contribution to the Plan. There were no discretionary contributions to the Plan for the years ended December 31, 2015 and 2014.

4. Participant accounts - Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contributions, (b) the Company's discretionary contribution, if any, and (c) Plan net investment earnings. Allocations are based on participant compensation or account balances, as defined in the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
5. Vesting - Participants are fully vested in their own contributions and related earnings. Vesting of Company matching contributions and discretionary contribution, if any, and earnings thereon, is based on years of continuous service. A participant is 100% vested after three years of continuous service as defined in the Plan, or upon permanent disability or death.
6. Payment of benefits - Upon retirement or disability, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount. Terminated participants may elect to receive a lump-sum amount equal to the value of the vested account or may elect to leave such amount invested in the Plan. The Plan may also automatically distribute to terminated participants their entire vested account balance not exceeding \$1,000 (involuntary cash-out). Upon death, a lump sum amount or substantially equal installments is paid to the participant's beneficiary.

A. Plan Description (continued)

7. Notes receivable from participants - Participants may borrow a minimum of \$1,000 and up to the lesser of \$50,000 or 50% of their vested interest in the Plan. Loans are secured by the vested balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are repaid ratably through payroll deductions.
8. Plan termination - Although it has not expressed any intent to do so, the Plan Sponsor 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 termination of the Plan, the accrued benefits of participants become fully vested and non-forfeitable.
9. Forfeitures - At December 31, 2015 and 2014, forfeited non-vested accounts amounted to \$65,669 and \$11,925, respectively. These accounts may be used to pay administrative expenses, and then any remaining amount will be allocated to eligible participants, as defined. For the year ended December 31, 2015, there were no payments of administrative expenses from Plan assets. For the year ended December 31, 2014, administrative expenses of \$8,000 were paid from forfeited non-vested accounts.

B. Summary of Significant Accounting Policies

1. Basis of accounting - The accompanying financial statements are prepared on the accrual basis.
2. Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires Plan management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.
3. 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. See Note D 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 (depreciation) includes the Plan's gains and losses on investments purchased and sold as well as held during the year.
4. Refundable excess deferral - Amounts payable to Participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability with a corresponding reduction to contributions.
5. Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

B. Summary of Significant Accounting Policies (continued)

6. Benefits paid - Benefits are recorded when paid.
7. Administrative expenses - Administrative expenses relating to the Plan which are not paid by use of the forfeiture account are paid by the Company. However, certain expenses, including loan processing fees, are paid for by the individual participant.
8. Change in method of accounting for fair value measurement - On January 1, 2015, the Plan elected to change its method of measuring the fair value of its investment in the stable value fund to utilizing net asset value ("NAV") as the practical expedient for measuring fair value, whereas in all prior years the fair value of stable value funds was measured using level 2 inputs. The Plan believes that using NAV as the practical expedient for measuring the fair value of its investment in the stable value funds is preferable because (1) the Plan has deemed that a sale at other than NAV is not probable and (2) using NAV as a practical expedient eliminates certain complexities in estimating the fair value of the stable value fund and serves as a more practical basis for measuring fair value. Comparative financial statements of prior years have been adjusted to apply the new method retrospectively. The following financial statement line items for fiscal year 2014 were affected by the change in accounting principle:

Statement of Net Assets Available for Plan Benefits

As of December 31, 2014:

	As reported using level 2 inputs	As reported using NAV as a practical expedient	Effect of change
Investments, at fair value	\$ 26,806,008	\$ 26,775,398	\$ (30,610)
Receivables	173,087	173,087	-
Liabilities	(10,000)	(10,000)	-
Adjustment from fair value to contract value for underlying fully-benefit responsive contracts	(30,610)	-	30,610
Net assets available for plan benefits	\$ 26,938,485	\$ 26,938,485	\$ -

9. New accounting pronouncements - In July 2015, the FASB issued ASU 2015-12, *Plan Accounting* ("ASU 2015-12"). The amendments in Part II of this ASU 2015-12 require plans to disaggregate their investments measured at fair value only by general type, either on the face of the financial statements or in the notes. Part II also eliminates the requirement to disclose the net appreciation/depreciation in fair value of investments by general type and the requirements to disclose investments that represent 5% or more of net assets available for plan benefits. The amendments in Part I and Part III of ASU 2015-12 are not applicable to the Plan. The amendments in ASU 2015-12 are effective for reporting periods beginning after December 15, 2015, with early adoption permitted.

B. Summary of Significant Accounting Policies (continued)

9. New accounting pronouncements (continued) - In May 2015, the FASB issued ASU 2015-07, *Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent)*, which is effective for fiscal years beginning after December 15, 2016 for entities other than public business entities, with early adoption permitted. ASU 2015-07 eliminates the requirement to categorize investments in the fair value hierarchy if the fair value is measured at net asset value (NAV) per share (or its equivalent) using the practical expedient in the FASB's fair value measurement guidance.

The Plan decided to early adopt Part II of ASU 2015-12 and ASU 2015-07 to simplify Plan accounting and presentation in the financial statements. As such, the accounting and disclosures in these financial statements and notes follow ASU 2015-07 and Part II of ASU 2015-12. Previously reported information pertaining to 2014 financial statement disclosures has been adjusted to present the information on a comparable basis.

C. Investments

All investment information disclosed in the accompanying financial statements, including fair value of investments held at December 31, 2015 and 2014, and net depreciation in fair value of investments, and interest and dividend income for years ended December 31, 2015 and 2014, was obtained or derived from information supplied to the Company and certified as complete and accurate by Reliance Trust Company.

D. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level 1	Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
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D. Fair Value Measurements (continued)

- Level 2 Inputs other than quoted prices included within Level 1 that observable for the asset or liability, either directly or indirectly, such as:
- a. Quoted market prices for similar assets or liabilities in active markets.
 - b. Quoted prices for identical or similar assets or liabilities in inactive markets.
 - c. Inputs other than quoted prices that are observable for the asset or liability.
 - d. Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 Inputs that are unobservable inputs for the asset or liability.

The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Stable value collective trust fund - A stable value fund that is composed primarily of fully benefit-responsive investment contracts and is valued at the net asset value of the units of the bank collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 24 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2015 and 2014:

Assets at Fair Value as of December 31, 2015

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 27,386,702	\$ -	\$ -	\$ 27,386,702
Total assets in the fair value hierarchy	<u>27,386,702</u>	<u>-</u>	<u>-</u>	<u>27,386,702</u>
Investments measured at net asset value (a)	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,019,336</u>
Investments at fair value	\$ <u>27,386,702</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>28,406,038</u>

Foliage, Inc. 401(k) Plan
Notes to Financial Statements
December 31, 2015 and 2014

D. Fair Value Measurements (continued)

Assets at Fair Value as of December 31, 2014

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 25,677,684	\$ _____	\$ _____	\$ 25,677,684
Total assets in the fair value hierarchy	25,677,684	_____	_____	25,677,684
Investments measured at net asset value (a)	_____	_____	_____	1,097,714
Investments at fair value	\$ 25,677,684	\$ _____	\$ _____	\$ 26,775,398

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

For years ended December 31, 2015 and 2014, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2015 and 2014, respectively. There are no Participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>December 31, 2015</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency(if Currently Eligible)</u>	<u>Redemption Notice Period</u>
Stable value common collective trust fund	\$ 1,019,336	n/a	Daily	24 months
<u>December 31, 2014</u>				
Stable value common collective trust fund	\$ 1,097,714	n/a	Daily	24 months

E. 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.

F. Exempt Party-In-Interest Transactions

Plan investments are sponsored by MassMutual, which has custody of the investment assets of the Plan; therefore, these transactions qualify as party-in-interest transactions.

G. Tax Status

The Plan has received a determination letter from the Internal Revenue Service, dated March 31, 2008, stating that the Plan, as then designed was in compliance with certain Section 401(a) requirements of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

The Plan identifies, recognizes, measures and discloses in its financial statements the effects of any uncertain tax positions that it has taken or expects to take. The Plan recognizes a liability when, despite the Plan's belief that its tax return positions are supportable, it is possible that certain positions may not be fully sustained upon review of tax authorities. To the extent that the final tax outcome of these matters is different than the amounts recorded, such differences impact income tax expense in the period in which such determination is made. Interest and penalties, if any, related to accrued liabilities for potential tax assessments are included in income tax expense.

The Plan administrator has analyzed the Plan's tax positions taken for all open federal tax years (2012-2015) and has concluded that no provision for uncertain tax position is required in the Plan's financial statements.

H. Subsequent Events

The Plan administrator has evaluated all subsequent events through October 13, 2016, the date the financial statements were available to be issued. On April 1, 2016, the Plan was merged with the Altran North America 401(k) Plan.

Foliage, Inc. 401(k) Plan
Notes to Financial Statements
December 31, 2015 and 2014

I. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of financial statement amounts to Form 5500:

<u>December 31, 2015</u>	<u>Statement of Changes in Net Assets Available for Plan Benefits</u>				<u>Statement of Net Assets Available for Plan Benefits</u>	
	<u>Participant Contributions</u>	<u>Employer Contributions</u>	<u>Administrative Expenses</u>	<u>Net Increase/ (Decrease)</u>	<u>Net Assets Available for Plan Benefits</u>	
Per the accompanying financial statements	\$ 2,293,725	\$ 575,554	\$ 11,000	\$ 1,709,575	\$	28,648,060
Amounts recorded as accrued administrative expenses in 2015 for accrual basis financial statement	-	-	(11,000)	11,000		21,000
Amounts recorded contributions receivable in 2015 for accrual basis financial statement	(137,769)	(34,212)	-	(171,981)		(171,981)
Amounts recorded as refundable excess deferrals in 2015 for accrual basis financial statement	<u>14,756</u>	<u>-</u>	<u>-</u>	<u>14,756</u>		<u>14,756</u>
Per Form 5500	\$ <u>2,170,712</u>	\$ <u>541,342</u>	\$ <u>-</u>	\$ <u>1,563,350</u>	\$	<u>28,511,835</u>

Foliage, Inc. 401(k) Plan
Notes to Financial Statements
December 31, 2015 and 2014

I. Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of financial statement amounts to Form 5500:

	<u>Statement of Changes in Net Assets Available for Plan Benefits</u>		<u>Statement of Net Assets Available for Plan Benefits</u>
<u>December 31, 2014</u>	<u>Administrative Expenses</u>	<u>Net Increase/ (Decrease)</u>	<u>Net Assets Available for Plan Benefits</u>
Per the accompanying financial statements	\$ 10,000	\$ 3,862,917	\$ 26,938,485
Amounts recorded as accrued administrative expenses in 2014 for accrual basis financial statement	(10,000)	10,000	10,000
Amounts recorded as accrued administrative expenses in 2013 for accrual basis financial statement	<u>8,000</u>	(<u>8,000</u>)	<u>-</u>
Per Form 5500	\$ <u>8,000</u>	\$ <u>3,864,917</u>	\$ <u>26,948,485</u>

Foliage, Inc. 401(k) Plan
Schedule H, Line 4a-Schedule of Delinquent Participant Contributions
December 31, 2015
EIN # 04-3159004
Plan # 001

Participant Contributions Transferred Late to Plan		Total that Constitute Nonexempt Prohibited Transactions			Total Fully	
Check here if Late Participant Loan Repayments are included: ☒		Contributions	Contributions	Contributions	Corrected Under	
Date	Amount	Not Corrected	Corrected Outside of VFCP	Pending Correction in VFCP	VFCP and PTE 2002-51	
May 15, 2015	\$ 89,891	\$ -	\$ 89,891	\$ -	\$ -	
June 15, 2015	89,846	-	89,846	-	-	
July 10, 2015	73,977	-	73,977	-	-	
August 7, 2015	80,273	-	80,273	-	-	
	\$ 333,987	\$ -	\$ 333,987	\$ -	\$ -	

See accompanying notes.

Foliage, Inc. 401(k) Plan
Schedule H, Line 4i-Schedule of Assets (Held at End of Year)
December 31, 2015
EIN # 04-3159004
Plan # 001

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Invesco Stable Value Trust	CCT	** \$	1,019,336
	Allianz NFJ Dividend Value Fund	Mutual Fund	**	311,825
	American Funds Cap Wld Growth and Income	Mutual Fund	**	877,413
	American Funds Europacific Fund	Mutual Fund	**	696,843
	American Funds Growth Fund	Mutual Fund	**	1,925,234
	Dodge and Cox Income	Mutual Fund	**	2,779,930
	Dodge and Cox Stock Fund	Mutual Fund	**	990,701
	Dreyfus Basic S&P 500 Index Fund	Mutual Fund	**	2,899,319
	Dreyfus Midcap Index	Mutual Fund	**	789,699
	Dreyfus Small Cap Index Funds	Mutual Fund	**	177,588
	Franklin Small Cap Value-A	Mutual Fund	**	936,427
	Harbor Capital Appreciation Fund	Mutual Fund	**	1,982,516
	JP Morgan Mid Cap Growth	Mutual Fund	**	2,249,000
	LP Morgan US Equity	Mutual Fund	**	1,230,061
	Lazard Emerging Markets	Mutual Fund	**	497,932
	Loomis Sayles Strategic Income	Mutual Fund	**	371,301
	MFS Aggressive Growth Allocation	Mutual Fund	**	630,102
	MFS Conservative Allocation Fund	Mutual Fund	**	2,158,731
	MFS Growth Allocation Fund	Mutual Fund	**	2,461,167
	MFS International Diversification	Mutual Fund	**	1,247,463
	MFS Moderate Allocation Fund	Mutual Fund	**	1,168,001
	Vanguard Short Term Bond Index	Mutual Fund	**	708,627
	Vanguard Target Retirement 2020	Mutual Fund	**	21,727
	Vanguard Target Retirement 2030	Mutual Fund	**	186,245
	Vanguard Target Retirement 2040	Mutual Fund	**	129
	Vanguard Target Retirement 2050	Mutual Fund	**	129
	Vanguard Target Retirement 2025	Mutual Fund	**	22,632
	Vanguard Target Retirement 2035	Mutual Fund	**	258
	Vanguard Target Retirement 2045	Mutual Fund	**	32,360
	Vanguard Target Retirement 2055	Mutual Fund	**	129
	Vanguard Target Retirement Income	Mutual Fund	**	33,213
*	Participant loans	4.25% - 9.25%	-0-	105,797
Total				\$ 28,511,835

* Party in interest

** The cost of participant directed investments is not required to be disclosed.

See accompanying notes.

Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator (“you”) in completing the Form 5500 Schedule C¹ by identifying different types of compensation paid with respect to the product utilized by your plan.

As permitted under the Schedule C rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate or a formula or rate.

- Where an actual dollar amount of compensation is disclosed, no further notation regarding compensation calculations is generally provided.
- Where an estimate of the compensation amount is disclosed, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount.
- Where a formula or rate is provided to report compensation, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount. This formula or rate may be disclosed to describe the compensation to which it applies under the Schedule C rules. Alternatively, for purposes of Schedule C disclosure or in connection with your fiduciary review of the compensation paid with respect to the services, products and investment options utilized by the plan, you may calculate and disclose an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies.

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2015 - 12/31/2015 and indirect compensation is presented on a calendar year basis ending 12/31/2015.

This report includes compensation actually paid to or by MassMutual within the indicated plan year as part of your MassMutual-serviced product. *(Note: If the plan year period or plan year end indicated in this Schedule C reporting package is incorrect, please notify your MassMutual customer service representative immediately).* This report does not include amounts deducted from plan assets and paid to third parties (other than MassMutual). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here from other service providers as is described below.

Please note that we have provided suggested service codes with respect to services provided through our product. Please review all Schedule C and other Form 5500 materials with your experienced benefits counsel and other professionals to determine the most appropriate codes for your plan. In addition, please note that because, among other potential considerations, plans with fewer than 100 participants (as of the beginning of the plan year) are generally not required to file Schedule C, you should refer to the instructions provided by the IRS for Schedule C and/or review the applicability of Schedule C to your plan with your experienced tax/benefits counsel, to determine whether it is necessary for the plan to report the information contemplated by this report.

Please contact your MassMutual Service Team should you require additional information regarding the compensation paid to or by MassMutual with respect to your plan.

Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice, advice to plans regarding compliance with ERISA reporting compliance, or accounting or other professional services. As described above, the information contained in this report may not cover all of the compensation received by the plan’s service providers. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

¹Please refer to the Schedule C of the Form 5500 and its instructions (available at: <http://www.dol.gov/ebsa/5500main.html>), and please confer with experienced benefits counsel and other professionals, to determine the applicability of Schedule C to your plan.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

FOLIAGE, INC. 401(K) PLAN (110523535)
EIN #: 04-3223793

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2015 - 12/31/2015 and indirect compensation is presented on a calendar year basis ending 12/31/2015.

For use with lines 2(h), 3(c), 3(d), 3(e)

Total Direct Compensation Paid **\$0.00**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

Recipient: MassMutual Retirement Services, LLC EIN: 26-1589907

Service Codes: 15, 37, 38, 49, 59, 60, 62, 63, 64, 65, 72, 99, 50 (if direct compensation amount reflected below)

Direct Compensation **\$0.00**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2015 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to MassMutual Retirement Services, LLC ("MMRS") are the net result of aggregating direct compensation after the effects of adjustments processed in 2015, some of which may have pertained to prior years.

Indirect Compensation

Float compensation	Payor: Reliance Trust Company	EIN: 58-1428634	\$13.07
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This is an estimate based on the average annual rate of float compensation (0.02% for 2015) earned on certain processing bank accounts for the 2015 calendar year multiplied by an estimate of the assets related to uncashed checks.* This estimate does not include float earned for any other reason (e.g., if amounts remitted to MassMutual cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

* A complete listing of distribution checks that remain outstanding for your plan is available on the Retirement Plan Access web site under the Standard Reports section (Report R03998-Outstanding Distribution Checks). Uncashed check assets will continue to remain in a float-earning bank account until such time direction is received from the Plan Sponsor, subject to applicable regulation. The Plan Sponsor should consult with the Plan's/Plan Sponsor's tax advisor or benefits counsel to determine if assets attributable to uncashed checks should be included on the Form 5500 filing.

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. MassMutual's Code of Conduct generally restricts MassMutual employees from giving to or receiving gifts from customers and/or business partners having a value of over \$100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the calendar year, including MassMutual, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-MassMutual parties may not be available to MassMutual.

Please consult with your legal or tax advisors if you have any questions.

Compensation paid with respect to Funds

<i>Investment Option Name</i>	<i>EIN</i>	<i>Rate of Fees and Payments Received By MassMutual with Respect to the Fund (rates as of 12/31/2015)</i>	<i>Total Fund Annual Operating Expenses (Fund Expense Ratio) (as of 12/31/2015)</i>
ALLIANZGI NFJ DIVIDEND VALUE A	06-1349805	0.50% x assets	1.06%
ALLIANZGI TECHNOLOGY A	06-1349805	0.50% x assets	1.61%
AMERICAN FUNDS CAP WLD GR&INC-R4	95-1411037	0.35% x assets	0.79%
AMERICAN FUNDS EUROPACIFIC-R4	95-1411037	0.35% x assets	0.84%
AMERICAN FUNDS GROWTH FUND-R4	52-0792143	0.35% x assets	0.67%
COLUMBIA ACORN FUND-A	36-2692100	0.50% x assets	1.08%
DAVIS NEW YORK VENTURE FUND-A	13-2601967	0.35% x assets plus \$12/participant	0.86%
DODGE & COX INCOME	94-6067274	0.08% x assets	0.44%
DODGE AND COX STOCK FUND	94-6067274	0.10% x assets	0.52%
DREYFUS BASIC S&P 500 INDEX FD-A	13-4024319	0.13% x assets	0.21%
DREYFUS MIDCAP INDEX	13-3618129	0.35% x assets	0.51%
DREYFUS SMALL CAP INDEX FUND	13-3554128	0.35% x assets	0.51%
FRANKLIN SMALL CAP VALUE-A	13-3151768	0.35% x assets plus \$16/participant	1.14%
HARBOR CAPITAL APPRECIATION-INV	34-1953393	0.35% x assets	1.05%
INVESCO STABLE VALUE IV	84-1251725	0.45% x assets	0.88%
JP MORGAN US EQUITY-R5	33-1043149	0.10% x assets	0.62%
JPMORGAN MD CAP GRTH SEL	26-3613641	0.25% x assets	1.12%
LAZARD EMERGING MARKETS OPEN	20-0169148	0.40% x assets	1.37%
LOOMIS SAYLES STRATEGIC INCOME-A	04-3219179	0.45% x assets	0.94%
MFS AGGRESS GROWTH ALLOCATION-R3	04-3158862	0.63% x assets	1.14%
MFS CONSERVATIVE ALLOCATION-R3	04-3158862	0.63% x assets	0.94%
MFS GROWTH ALLOCATION FUND-R3	04-3158862	0.63% x assets	1.07%
MFS INTERNATL DIVERSIFICATION-R3	04-3158862	0.63% x assets	1.22%
MFS MODERATE ALLOCATION FUND-R3	04-3158862	0.63% x assets	1.00%
PIMCO LOW DURATION FUND-A	95-2632339	0.40% x assets	0.80%
PIMCO TOTAL RETURN INSTL	95-2632339	0.00% x assets	0.46%
VANGUARD SHORT TERM BD INDEX-INV	23-1945930	0.00% x assets	0.20%
VANGUARD TARGET RET 2020-INV	23-2311358	0.00% x assets	0.16%
VANGUARD TARGET RET 2025-INV	23-2311358	0.00% x assets	0.17%
VANGUARD TARGET RET 2030-INV	23-2311358	0.00% x assets	0.17%
VANGUARD TARGET RET 2035-INV	23-2311358	0.00% x assets	0.18%
VANGUARD TARGET RET 2040-INV	23-2311358	0.00% x assets	0.18%

<i>Investment Option Name</i>	<i>EIN</i>	<i>Rate of Fees and Payments Received By MassMutual with Respect to the Fund (rates as of 12/31/2015)</i>	<i>Total Fund Annual Operating Expenses (Fund Expense Ratio) (as of 12/31/2015)</i>
VANGUARD TARGET RET 2045-INV	23-2311358	0.00% x assets	0.18%
VANGUARD TARGET RET 2050-INV	23-2311358	0.00% x assets	0.18%
VANGUARD TARGET RET 2055-INV	23-2311358	0.00% x assets	0.18%
VANGUARD TARGET RET INC	23-2311358	0.00% x assets	0.16%

The list includes any investment option held by the plan on at least one month end during the 2015 calendar year. To arrive at an estimate of the dollar amount that MassMutual received from each fund, multiply the rate of fees received from each fund by your plan's year-end balance (or if the fund was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the fund at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

Recipient: LPL FINANCIAL LLC EIN: 95-2834236

Service Codes:

Please contact your Service Provider for the list of applicable services performed and Service Codes.

Direct Compensation

\$0.00

Our records indicate that this recipient did not receive any Direct Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

Indirect Compensation

* **Sales commission** Payor: Reliance Trust Company EIN: 58-1428634 **\$40,854.68**
 * *Sales Commissions are reported on a Plan Year basis.*

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. MassMutual's Code of Ethics and Business Conduct generally restricts MassMutual employees from giving to or receiving gifts from customers and/or business partners having a value of over \$100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the 2015 calendar year, including MassMutual, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-MassMutual parties may not be available to MassMutual.

Please consult with your legal or tax advisors if you have any questions.

Recipient: Reliance Trust Company EIN: 58-1428634

Indirect Compensation

Trust Service Fee (if Reliance Trust Company is acting as directed trustee)	\$150.00
Service Codes: 25, 99	

Payors: Massachusetts Mutual Life Insurance Company EIN: 04-1590850
MassMutual Retirement Services, LLC EIN: 26-1589907

Custodial Fee	\$131.79
Service Codes: 19, 25, 99	

Payors: Massachusetts Mutual Life Insurance Company EIN: 04-1590850
MassMutual Retirement Services, LLC EIN: 26-1589907

This is an estimate determined by dividing a flat annual fee paid to Reliance Trust Company by the number of plans to whom this feature is made available.

Foliage, Inc. 401(k) Plan

***Financial Statements and
Supplemental Schedules***

Years Ended December 31, 2015 and 2014

Foliage, Inc. 401(k) Plan
Financial Statements and Supplemental Schedules
December 31, 2015 and 2014
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Katz, Nannis + Solomon, PC
Certified Public Accountants

Independent Auditors' Report

To the Trustee and Participants
Foliage, Inc. 401(k) Plan
Burlington, Massachusetts

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Foliage, Inc. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for plan benefits as of December 31, 2015 and 2014, the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' 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 C, which was certified by Reliance Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule H, Line 4a-schedule of delinquent participant contributions and schedule H, line 4i-schedule of assets (held at end of year), which are the responsibility of management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental 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 trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Katz, Harris + Solomon, P.C.

October 13, 2016
Waltham, Massachusetts

Foliage, Inc. 401(k) Plan
Statements of Net Assets Available for Plan Benefits
December 31,

	2015	2014
Assets		
Investments, at Fair Value	\$ 28,406,038	\$ 26,775,398
Receivables		
Employer contributions	34,212	-
Participants' contributions	137,769	-
Notes receivable from participants	105,797	173,087
Total Receivables	277,778	173,087
Total Assets	28,683,816	26,948,485
Liabilities		
Refundable excess deferrals	(14,756)	-
Accrued administrative expenses	(21,000)	(10,000)
Total Liabilities	(35,756)	(10,000)
Net Assets Available for Plan Benefits	\$ 28,648,060	\$ 26,938,485

See accompanying notes.

Foliage, Inc. 401(k) Plan
Statements of Changes in Net Assets Available for Plan Benefits
Years Ended December 31,

	2015	2014
Additions to Net Assets Attributed to		
Investment income (loss)		
Net depreciation in fair value of investments	\$ (1,336,822)	\$ (292,261)
Interest and dividends	1,327,382	1,395,411
Net Investment Income (Loss)	(9,440)	1,103,150
Interest from Participant Loans	5,368	7,462
Contributions		
Employer	575,554	584,967
Participants' deferrals	2,293,725	2,434,333
Participants' rollovers	170,502	555,370
Total Contributions	3,039,781	3,574,670
Total Additions	3,035,709	4,685,282
Deductions from Net Assets Attributed to		
Benefits paid to participants	1,315,134	812,365
Administrative expenses	11,000	10,000
Total Deductions	1,326,134	822,365
Net Increase in Net Assets Available for Plan Benefits	1,709,575	3,862,917
Net assets available for plan benefits, beginning of year	26,938,485	23,075,568
Net Assets Available for Plan Benefits, End of Year	\$ 28,648,060	\$ 26,938,485

See accompanying notes.

A. Plan Description

The following description of the Foliage, Inc. 401(k) Plan (the "Plan") provides only general information. A more complete description of the Plan's provisions is in the Plan Agreement.

1. General - The Plan is a defined contribution plan covering substantially all employees of Foliage, Inc. (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
2. Eligibility - Substantially all employees of the Company are eligible to participate in the Plan upon attaining age 21. Employees become a participant in the Plan on the earlier of January 1st, April 1st, July 1st, or October 1st after satisfying the age requirement.
3. Contributions - All employees who become participants on or after the effective date will have pre-tax deferrals automatically taken out of the participant's compensation, at a rate of 5% of compensation, subject to maximum limits set by the Internal Revenue Code ("IRC"). The participant, however, does retain the option to select an alternative deferral amount, subject to maximum limits set by the IRC, or to elect not to defer under the Plan altogether.

Participants may also contribute distributions from other qualified retirement plans ("rollovers").

The Company's contributions to the Plan are determined by its Board of Directors but the amounts contributed cannot exceed the maximum amounts permissible under the provisions of the IRC. Employee deferred salary contributions may be matched by the Company in accordance with the provisions of the Plan. In addition, the Company may make a discretionary contribution to the Plan. There were no discretionary contributions to the Plan for the years ended December 31, 2015 and 2014.

4. Participant accounts - Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contributions, (b) the Company's discretionary contribution, if any, and (c) Plan net investment earnings. Allocations are based on participant compensation or account balances, as defined in the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
5. Vesting - Participants are fully vested in their own contributions and related earnings. Vesting of Company matching contributions and discretionary contribution, if any, and earnings thereon, is based on years of continuous service. A participant is 100% vested after three years of continuous service as defined in the Plan, or upon permanent disability or death.
6. Payment of benefits - Upon retirement or disability, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount. Terminated participants may elect to receive a lump-sum amount equal to the value of the vested account or may elect to leave such amount invested in the Plan. The Plan may also automatically distribute to terminated participants their entire vested account balance not exceeding \$1,000 (involuntary cash-out). Upon death, a lump sum amount or substantially equal installments is paid to the participant's beneficiary.

A. Plan Description (continued)

7. Notes receivable from participants - Participants may borrow a minimum of \$1,000 and up to the lesser of \$50,000 or 50% of their vested interest in the Plan. Loans are secured by the vested balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are repaid ratably through payroll deductions.
8. Plan termination - Although it has not expressed any intent to do so, the Plan Sponsor 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 termination of the Plan, the accrued benefits of participants become fully vested and non-forfeitable.
9. Forfeitures - At December 31, 2015 and 2014, forfeited non-vested accounts amounted to \$65,669 and \$11,925, respectively. These accounts may be used to pay administrative expenses, and then any remaining amount will be allocated to eligible participants, as defined. For the year ended December 31, 2015, there were no payments of administrative expenses from Plan assets. For the year ended December 31, 2014, administrative expenses of \$8,000 were paid from forfeited non-vested accounts.

B. Summary of Significant Accounting Policies

1. Basis of accounting - The accompanying financial statements are prepared on the accrual basis.
2. Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires Plan management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.
3. 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. See Note D 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 (depreciation) includes the Plan's gains and losses on investments purchased and sold as well as held during the year.
4. Refundable excess deferral - Amounts payable to Participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability with a corresponding reduction to contributions.
5. Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

B. Summary of Significant Accounting Policies (continued)

6. Benefits paid - Benefits are recorded when paid.
7. Administrative expenses - Administrative expenses relating to the Plan which are not paid by use of the forfeiture account are paid by the Company. However, certain expenses, including loan processing fees, are paid for by the individual participant.
8. Change in method of accounting for fair value measurement - On January 1, 2015, the Plan elected to change its method of measuring the fair value of its investment in the stable value fund to utilizing net asset value ("NAV") as the practical expedient for measuring fair value, whereas in all prior years the fair value of stable value funds was measured using level 2 inputs. The Plan believes that using NAV as the practical expedient for measuring the fair value of its investment in the stable value funds is preferable because (1) the Plan has deemed that a sale at other than NAV is not probable and (2) using NAV as a practical expedient eliminates certain complexities in estimating the fair value of the stable value fund and serves as a more practical basis for measuring fair value. Comparative financial statements of prior years have been adjusted to apply the new method retrospectively. The following financial statement line items for fiscal year 2014 were affected by the change in accounting principle:

Statement of Net Assets Available for Plan Benefits

As of December 31, 2014:

	As reported using level 2 inputs	As reported using NAV as a practical expedient	Effect of change
Investments, at fair value	\$ 26,806,008	\$ 26,775,398	\$ (30,610)
Receivables	173,087	173,087	-
Liabilities	(10,000)	(10,000)	-
Adjustment from fair value to contract value for underlying fully-benefit responsive contracts	(30,610)	-	30,610
Net assets available for plan benefits	\$ 26,938,485	\$ 26,938,485	\$ -

9. New accounting pronouncements - In July 2015, the FASB issued ASU 2015-12, *Plan Accounting* ("ASU 2015-12"). The amendments in Part II of this ASU 2015-12 require plans to disaggregate their investments measured at fair value only by general type, either on the face of the financial statements or in the notes. Part II also eliminates the requirement to disclose the net appreciation/depreciation in fair value of investments by general type and the requirements to disclose investments that represent 5% or more of net assets available for plan benefits. The amendments in Part I and Part III of ASU 2015-12 are not applicable to the Plan. The amendments in ASU 2015-12 are effective for reporting periods beginning after December 15, 2015, with early adoption permitted.

B. Summary of Significant Accounting Policies (continued)

9. New accounting pronouncements (continued) - In May 2015, the FASB issued ASU 2015-07, *Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent)*, which is effective for fiscal years beginning after December 15, 2016 for entities other than public business entities, with early adoption permitted. ASU 2015-07 eliminates the requirement to categorize investments in the fair value hierarchy if the fair value is measured at net asset value (NAV) per share (or its equivalent) using the practical expedient in the FASB's fair value measurement guidance.

The Plan decided to early adopt Part II of ASU 2015-12 and ASU 2015-07 to simplify Plan accounting and presentation in the financial statements. As such, the accounting and disclosures in these financial statements and notes follow ASU 2015-07 and Part II of ASU 2015-12. Previously reported information pertaining to 2014 financial statement disclosures has been adjusted to present the information on a comparable basis.

C. Investments

All investment information disclosed in the accompanying financial statements, including fair value of investments held at December 31, 2015 and 2014, and net depreciation in fair value of investments, and interest and dividend income for years ended December 31, 2015 and 2014, was obtained or derived from information supplied to the Company and certified as complete and accurate by Reliance Trust Company.

D. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level 1	Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
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D. Fair Value Measurements (continued)

- Level 2 Inputs other than quoted prices included within Level 1 that observable for the asset or liability, either directly or indirectly, such as:
- a. Quoted market prices for similar assets or liabilities in active markets.
 - b. Quoted prices for identical or similar assets or liabilities in inactive markets.
 - c. Inputs other than quoted prices that are observable for the asset or liability.
 - d. Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 Inputs that are unobservable inputs for the asset or liability.

The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Stable value collective trust fund - A stable value fund that is composed primarily of fully benefit-responsive investment contracts and is valued at the net asset value of the units of the bank collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 24 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2015 and 2014:

Assets at Fair Value as of December 31, 2015

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 27,386,702	\$ -	\$ -	\$ 27,386,702
Total assets in the fair value hierarchy	<u>27,386,702</u>	<u>-</u>	<u>-</u>	<u>27,386,702</u>
Investments measured at net asset value (a)	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,019,336</u>
Investments at fair value	\$ <u>27,386,702</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>28,406,038</u>

Foliage, Inc. 401(k) Plan
Notes to Financial Statements
December 31, 2015 and 2014

D. Fair Value Measurements (continued)

Assets at Fair Value as of December 31, 2014

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 25,677,684	\$ -	\$ -	\$ 25,677,684
Total assets in the fair value hierarchy	25,677,684	-	-	25,677,684
Investments measured at net asset value (a)	-	-	-	1,097,714
Investments at fair value	\$ 25,677,684	\$ -	\$ -	\$ 26,775,398

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

For years ended December 31, 2015 and 2014, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2015 and 2014, respectively. There are no Participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>December 31, 2015</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency(if Currently Eligible)</u>	<u>Redemption Notice Period</u>
Stable value common collective trust fund	\$ 1,019,336	n/a	Daily	24 months
<u>December 31, 2014</u>				
Stable value common collective trust fund	\$ 1,097,714	n/a	Daily	24 months

E. 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.

F. Exempt Party-In-Interest Transactions

Plan investments are sponsored by MassMutual, which has custody of the investment assets of the Plan; therefore, these transactions qualify as party-in-interest transactions.

G. Tax Status

The Plan has received a determination letter from the Internal Revenue Service, dated March 31, 2008, stating that the Plan, as then designed was in compliance with certain Section 401(a) requirements of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

The Plan identifies, recognizes, measures and discloses in its financial statements the effects of any uncertain tax positions that it has taken or expects to take. The Plan recognizes a liability when, despite the Plan's belief that its tax return positions are supportable, it is possible that certain positions may not be fully sustained upon review of tax authorities. To the extent that the final tax outcome of these matters is different than the amounts recorded, such differences impact income tax expense in the period in which such determination is made. Interest and penalties, if any, related to accrued liabilities for potential tax assessments are included in income tax expense.

The Plan administrator has analyzed the Plan's tax positions taken for all open federal tax years (2012-2015) and has concluded that no provision for uncertain tax position is required in the Plan's financial statements.

H. Subsequent Events

The Plan administrator has evaluated all subsequent events through October 13, 2016, the date the financial statements were available to be issued. On April 1, 2016, the Plan was merged with the Altran North America 401(k) Plan.

Foliage, Inc. 401(k) Plan
Notes to Financial Statements
December 31, 2015 and 2014

I. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of financial statement amounts to Form 5500:

<u>December 31, 2015</u>	<u>Statement of Changes in Net Assets Available for Plan Benefits</u>				<u>Statement of Net Assets Available for Plan Benefits</u>	
	<u>Participant Contributions</u>	<u>Employer Contributions</u>	<u>Administrative Expenses</u>	<u>Net Increase/ (Decrease)</u>	<u>Net Assets Available for Plan Benefits</u>	
Per the accompanying financial statements	\$ 2,293,725	\$ 575,554	\$ 11,000	\$ 1,709,575	\$	28,648,060
Amounts recorded as accrued administrative expenses in 2015 for accrual basis financial statement	-	-	(11,000)	11,000		21,000
Amounts recorded contributions receivable in 2015 for accrual basis financial statement	(137,769)	(34,212)	-	(171,981)		(171,981)
Amounts recorded as refundable excess deferrals in 2015 for accrual basis financial statement	<u>14,756</u>	<u>-</u>	<u>-</u>	<u>14,756</u>		<u>14,756</u>
Per Form 5500	\$ <u>2,170,712</u>	\$ <u>541,342</u>	\$ <u>-</u>	\$ <u>1,563,350</u>	\$	<u>28,511,835</u>

I. Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of financial statement amounts to Form 5500:

	<u>Statement of Changes in Net Assets Available for Plan Benefits</u>		<u>Statement of Net Assets Available for Plan Benefits</u>
<u>December 31, 2014</u>	<u>Administrative Expenses</u>	<u>Net Increase/ (Decrease)</u>	<u>Net Assets Available for Plan Benefits</u>
Per the accompanying financial statements	\$ 10,000	\$ 3,862,917	\$ 26,938,485
Amounts recorded as accrued administrative expenses in 2014 for accrual basis financial statement	(10,000)	10,000	10,000
Amounts recorded as accrued administrative expenses in 2013 for accrual basis financial statement	<u>8,000</u>	(<u>8,000</u>)	<u>-</u>
Per Form 5500	\$ <u>8,000</u>	\$ <u>3,864,917</u>	\$ <u>26,948,485</u>

Foliage, Inc. 401(k) Plan
Schedule H, Line 4a-Schedule of Delinquent Participant Contributions
December 31, 2015
EIN # 04-3159004
Plan # 001

Participant Contributions Transferred Late to Plan		Total that Constitute Nonexempt Prohibited Transactions			Total Fully	
Check here if Late Participant Loan Repayments are included: ☒		Contributions	Contributions	Contributions	Corrected Under	
Date	Amount	Not Corrected	Corrected Outside of VFCP	Pending Correction in VFCP	VFCP and PTE 2002-51	
May 15, 2015	\$ 89,891	\$ -	\$ 89,891	\$ -	\$ -	
June 15, 2015	89,846	-	89,846	-	-	
July 10, 2015	73,977	-	73,977	-	-	
August 7, 2015	80,273	-	80,273	-	-	
	\$ 333,987	\$ -	\$ 333,987	\$ -	\$ -	

See accompanying notes.

Foliage, Inc. 401(k) Plan
Schedule H, Line 4i-Schedule of Assets (Held at End of Year)
December 31, 2015
EIN # 04-3159004
Plan # 001

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Invesco Stable Value Trust	CCT	** \$	1,019,336
	Allianz NFJ Dividend Value Fund	Mutual Fund	**	311,825
	American Funds Cap Wld Growth and Income	Mutual Fund	**	877,413
	American Funds Europacific Fund	Mutual Fund	**	696,843
	American Funds Growth Fund	Mutual Fund	**	1,925,234
	Dodge and Cox Income	Mutual Fund	**	2,779,930
	Dodge and Cox Stock Fund	Mutual Fund	**	990,701
	Dreyfus Basic S&P 500 Index Fund	Mutual Fund	**	2,899,319
	Dreyfus Midcap Index	Mutual Fund	**	789,699
	Dreyfus Small Cap Index Funds	Mutual Fund	**	177,588
	Franklin Small Cap Value-A	Mutual Fund	**	936,427
	Harbor Capital Appreciation Fund	Mutual Fund	**	1,982,516
	JP Morgan Mid Cap Growth	Mutual Fund	**	2,249,000
	LP Morgan US Equity	Mutual Fund	**	1,230,061
	Lazard Emerging Markets	Mutual Fund	**	497,932
	Loomis Sayles Strategic Income	Mutual Fund	**	371,301
	MFS Aggressive Growth Allocation	Mutual Fund	**	630,102
	MFS Conservative Allocation Fund	Mutual Fund	**	2,158,731
	MFS Growth Allocation Fund	Mutual Fund	**	2,461,167
	MFS International Diversification	Mutual Fund	**	1,247,463
	MFS Moderate Allocation Fund	Mutual Fund	**	1,168,001
	Vanguard Short Term Bond Index	Mutual Fund	**	708,627
	Vanguard Target Retirement 2020	Mutual Fund	**	21,727
	Vanguard Target Retirement 2030	Mutual Fund	**	186,245
	Vanguard Target Retirement 2040	Mutual Fund	**	129
	Vanguard Target Retirement 2050	Mutual Fund	**	129
	Vanguard Target Retirement 2025	Mutual Fund	**	22,632
	Vanguard Target Retirement 2035	Mutual Fund	**	258
	Vanguard Target Retirement 2045	Mutual Fund	**	32,360
	Vanguard Target Retirement 2055	Mutual Fund	**	129
	Vanguard Target Retirement Income	Mutual Fund	**	33,213
*	Participant loans	4.25% - 9.25%	-0-	105,797
Total			\$	28,511,835

* Party in interest

** The cost of participant directed investments is not required to be disclosed.

See accompanying notes.