

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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2015
		This Form is Open to Public Inspection

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>RIGGS, COUNSELMAN, MICHAELS & DOWNES, INC. DEFINED BENEFIT PENSION PLAN AND TRUST</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>07/01/1956</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>RIGGS, COUNSELMAN, MICHAELS & DOWNES, INC.</u> <u>555 FAIRMOUNT AVENUE</u> <u>TOWSON, MD 21286-5497</u>	2b Employer Identification Number (EIN) <u>52-0555835</u> 2c Plan Sponsor's telephone number <u>410-339-7263</u> 2d Business code (see instructions) <u>524210</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/24/2016</u>	<u>EDWARD X. BRENNAN</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

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

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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	5 325
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 102 6a(2) 92 6b 67 6c 99 6d 258 6e 10 6f 268 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 11 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan RIGGS, COUNSELMAN, MICHAELS & DOWNES, INC. DEFINED BENEFIT PENSION PLAN AND TRUST	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RIGGS, COUNSELMAN, MICHAELS & DOWNES, INC.	D Employer Identification Number (EIN) 52-0555835
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month 01 Day 01 Year 2015
2	Assets:
a	Market value 21319914
b	Actuarial value 20842616
3	Funding target/participant count breakdown
	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a	For retired participants and beneficiaries receiving payment 75 10319911 10319911
b	For terminated vested participants 148 3384337 3384337
c	For active participants 102 6872768 6872768
d	Total 325 20577016 20577016
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 6.25%
6	Target normal cost 6 66900

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		07/26/2016
	Signature of actuary	Date
GREGORY M. STUMP	Type or print name of actuary	14-06998
		Most recent enrollment number
BOOMERSHINE CONSULTING GROUP, LLC	Firm name	410-418-5591
		Telephone number (including area code)
3300 N RIDGE ROAD, SUITE 300 ELLICOTT CITY, MD 21043	Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	796687	629972
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	796687	629972
10	Interest on line 9 using prior year's actual return of <u>11.65</u> %	92814	73392
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		169168
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.46</u> %		10928
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		180096
d	Portion of (c) to be added to prefunding balance		180096
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	889501	883460

Part III Funding Percentages			
14	Funding target attainment percentage	14	92.67 %
15	Adjusted funding target attainment percentage	15	101.29 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.77 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/13/2015	114000				
07/13/2015	86000				
11/25/2015	86000				
01/14/2016	100000				
03/07/2016	826867				
			Totals ►	18(b)	1212867
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1140188
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
(4) 4th	0	

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	66900	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	1420302		315165
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	382065	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	382065	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1140188	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	758123	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>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		
<div>A</div> Name of plan RIGGS, COUNSELMAN, MICHAELS & DOWNES, INC. DEFINED BENEFIT PENSION PLAN AND TRUST	<div>B</div> Three-digit plan number (PN) ▶	001
<div>C</div> Plan sponsor's name as shown on line 2a of Form 5500 RIGGS, COUNSELMAN, MICHAELS & DOWNES, INC.	<div>D</div> Employer Identification Number (EIN) 52-0555835	

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).

<div>(b)</div> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation PNC BANK, NATIONAL ASSOCIATION 25-1211909

<div>(b)</div> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500

Schedule C (Form 5500) 2015 v.150123

(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)

BROWN INVESTMENT ADVISORY

52-1319768

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	90212	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

DELAWARE MANAGEMENT COMPANY

23-2859590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	5999	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE 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 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>RIGGS, COUNSELMAN, MICHAELS & DOWNES, INC. DEFINED BENEFIT PENSION PLAN AND TRUST</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RIGGS, COUNSELMAN, MICHAELS & DOWNES, INC.</u>		D Employer Identification Number (EIN) <u>52-0555835</u>

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)	330404	926867
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	77078	17499
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1092768	533795
	(2) U.S. Government securities.....	1c(2)	3444216	1015851
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	762585	100147
	(B) All other.....	1c(3)(B)	3491682	1143527
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	16369	16737
	(B) Common	1c(4)(B)	4083669	3074142
	(5) Partnership/joint venture interests	1c(5)	17976	
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(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)	4615643	4990495
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	3390409	7825738

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	21322799	19644798

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	21322799	19644798
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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)	1212867	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1212867
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	127	
(B) U.S. Government securities	2b(1)(B)	30008	
(C) Corporate debt instruments	2b(1)(C)	67589	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	43275	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		140999
(2) Dividends: (A) Preferred stock	2b(2)(A)	962	
(B) Common stock	2b(2)(B)	71840	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	97566	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		170368
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	28885123	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	29166509	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-281386
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-445425	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-445425

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		25475
d Total income. Add all income amounts in column (b) and enter total	2d		822898

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

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2404663	
(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)		2404663
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	96236	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		96236
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2500899

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1678001
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: ELLIN & TUCKER, CHARTERED

(2) EIN: 52-0959934

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.)		☒		
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			5000000
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.)				
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:

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>RIGGS, COUNSELMAN, MICHAELS & DOWNES, INC. DEFINED BENEFIT PENSION PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RIGGS, COUNSELMAN, MICHAELS & DOWNES, INC.</u>	D Employer Identification Number (EIN) <u>52-0555835</u>

Part I	Distributions
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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>25-1146430</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	<u>54</u>

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
--	--	-----------------------------------	-------------------------------	-----------------------------

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

**RIGGS, COUNSELMAN, MICHAELS & DOWNES,
INC. DEFINED BENEFIT PLAN AND TRUST
FINANCIAL STATEMENTS
December 31, 2015 and 2014**

RIGGS, COUNSELMAN, MICHAELS AND DOWNES, INC.
DEFINED BENEFIT PLAN AND TRUST
FINANCIAL STATEMENTS
December 31, 2015 and 2014

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Riggs, Counselman, Michaels & Downes, Inc. Defined Benefit Plan and Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Riggs, Counselman, Michaels & Downes, Inc. Defined Benefit Plan and Trust (Plan), which comprise the Statements of Net Assets Available for Benefits and Accumulated Plan Benefits as of December 31, 2015 and 2014 and the related Statements of Changes in Net Assets Available for Benefits and Changes in Accumulated Plan Benefits for the years ended December 31, 2015 and 2014 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, 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 6, which was certified by PNC Bank, N.A., the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of December 31, 2015 and 2014 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.

INDEPENDENT AUDITORS' REPORT, CONTINUED

Disclaimer of Opinion

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

Other Matter

The supplemental Schedules of Assets (Held at End of Year) and Reportable Transactions as of and for the year ended December 31, 2015 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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.



ELLIN & TUCKER, CHARTERED
Certified Public Accountants

Baltimore, Maryland
July 19, 2016

RIGGS, COUNSELMAN, MICHAELS AND DOWNES, INC.
DEFINED BENEFIT PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
<u>INVESTMENTS, AT FAIR VALUE (Note 6):</u>		
Money Market Fund	\$ 533,795	\$ 1,092,768
Mutual Funds	4,990,495	4,615,644
Corporate Stocks	3,090,879	4,100,038
U.S. Government Securities	1,015,851	3,444,216
Corporate Bonds	1,243,674	4,254,267
Municipal Bonds	111,701	904,254
Investment Funds	7,714,037	2,486,154
Other	<u>-</u>	<u>17,976</u>
Total Investments	<u>18,700,432</u>	<u>20,915,317</u>
<u>RECEIVABLES:</u>		
Employer Contribution	926,867	330,404
Accrued Income Receivable	<u>17,499</u>	<u>77,078</u>
Total Receivables	<u>944,366</u>	<u>407,482</u>
Net Assets Available for Benefits	<u><u>\$ 19,644,798</u></u>	<u><u>\$ 21,322,799</u></u>

(See Independent Auditors' Report and Accompanying Notes)

RIGGS, COUNSELMAN, MICHAELS AND DOWNES, INC.
DEFINED BENEFIT PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
<u>ADDITIONS TO NET ASSETS:</u>		
Employer Contributions	\$ 1,212,867	\$ 657,404
Dividends	188,408	148,943
Interest	97,725	501,334
Capital Distributions	25,911	63,927
Deferred Annuity Receipts	24,409	24,473
Net Appreciation in Fair Value of Investments	-	1,513,971
Miscellaneous Income	<u>389</u>	<u>1,064</u>
 Total Additions	 <u>1,549,709</u>	 <u>2,911,116</u>
<u>DEDUCTIONS FROM NET ASSETS:</u>		
Net Depreciation in Fair Value of Investments	726,811	-
Benefits Paid Directly to Participants	2,404,663	1,177,380
Investment Expenses	<u>96,236</u>	<u>66,997</u>
 Total Deductions	 <u>3,227,710</u>	 <u>1,244,377</u>
 Net (Decrease) Increase in Net Assets Available for Benefits	 (1,678,001)	 1,666,739
 NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	 <u>21,322,799</u>	 <u>19,656,060</u>
 NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	 <u>\$19,644,798</u>	 <u>\$21,322,799</u>

(See Independent Auditors' Report and Accompanying Notes)

RIGGS, COUNSELMAN, MICHAELS AND DOWNES, INC.
DEFINED BENEFIT PLAN AND TRUST
STATEMENTS OF ACCUMULATED PLAN BENEFITS
December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
<u>ACTUARIAL PRESENT VALUE OF</u>		
<u>ACCUMULATED PLAN BENEFITS:</u>		
<u>Vested Benefits:</u>		
Participants Currently Receiving Payments	\$ 11,118,263	\$ 11,411,162
Other Participants	<u>10,874,133</u>	<u>12,037,000</u>
 Total Actuarial Present Value of Accumulated Plan Benefits	 <u>\$ 21,992,396</u>	 <u>\$ 23,448,162</u>

(See Independent Auditors' Report and Accompanying Notes)

RIGGS, COUNSELMAN, MICHAELS AND DOWNES, INC.
DEFINED BENEFIT PLAN AND TRUST
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
For the Years Ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS - BEGINNING OF YEAR	<u>\$ 23,448,162</u>	<u>\$ 21,336,944</u>
<u>(Decrease) Increase During the Year Attributable to:</u>		
Increase Due to the Decrease in the Discount Period	1,335,482	1,245,629
Benefits Paid	(2,404,663)	(1,177,380)
Plan Assumption Changes	(599,698)	2,194,455
Actuarial Experience	188,704	(175,959)
Other, Including Benefits Accumulated	<u>24,409</u>	<u>24,473</u>
Net (Decrease) Increase	<u>(1,455,766)</u>	<u>2,111,218</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS - END OF YEAR	<u><u>\$ 21,992,396</u></u>	<u><u>\$ 23,448,162</u></u>

(See Independent Auditors' Report and Accompanying Notes)

RIGGS, COUNSELMAN, MICHAELS AND DOWNES, INC.
DEFINED BENEFIT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following brief description of the Riggs, Counselman, Michaels and Downes, Inc. Defined Benefit Plan and Trust (Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension plan covering substantially all employees of Riggs, Counselman, Michaels and Downes, Inc. and its subsidiaries, RCM&D Self-Insured Services Company, Inc. and PhillipsCox Insurance and Financial Services (collectively referred to as the Company), whose employment commenced prior to January 1, 2007. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective January 1, 2009, all benefit accruals under the Plan were suspended, at which time future credited service years were frozen, except for participants who were not fully vested in their accrued benefit. Once these participants become fully vested, their future credited service years will be frozen.

Vesting

A participant becomes 100% vested in his or her accrued benefit under the Plan as of the earlier of the date he or she reaches 65 years of age or the date the participant is credited with five years of vesting service, as defined in the Plan agreement.

Years of service completed after December 31, 2008 will be recognized by the Plan for vesting purposes if the participant remains continuously employed or if the participant is terminated and re-hired prior to incurring five consecutive 1-year breaks in service.

Years of service completed after December 31, 2008 will be recognized to satisfy the 10-year service requirement for an early retirement benefit.

Pension Benefits

A participant's accrued benefit shall be based on his/her years of credited service completed as of December 31, 2008 and his/her final earnings as of December 31, 2008. A participant's accrued benefit shall not be revised to reflect changes in his/her compensation or increase in his/her years of credited service after December 31, 2008.

(See Independent Auditors' Report)

RIGGS, COUNSELMAN, MICHAELS AND DOWNES, INC.
DEFINED BENEFIT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to 1.5% of their final average earnings, less 0.635% of final earnings up to covered compensation, multiplied by their years of credited service not to exceed 35 years. A participant's final earnings mean a participant's highest average compensation in any 60 consecutive month period during the last 10 years of service before the earliest of: (a) a participant's normal retirement date, (b) the date a participant terminates employment or (c) December 31, 2008. Compensation earned after December 31, 2008 shall be excluded from the computation.

The Plan permits early retirement at ages 55 through 64 with 10 years of service. If employees terminate before rendering five years of service, they forfeit the right to receive benefits under the Plan.

The normal form of benefit payment is a life annuity. Married participants will automatically receive a qualified joint and survivor annuity unless they elect an optional form of payment as provided in the Plan.

Death Benefits

If a married participant dies prior to normal retirement date and the participant is vested, a death benefit is provided by a qualified pre-retirement survivor annuity. Married participants who die after normal retirement date receive death benefits pursuant to the qualified joint and survivor annuity or their benefit election at retirement.

An unmarried participant who dies prior to normal retirement date receives no death benefit. An unmarried participant who dies after normal retirement date receives no death benefit unless he/she has elected an optional form of payment.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investment Valuation and Income Recognition

Investments are valued at fair value. See Note 6 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is accrued as earned. Dividends are recorded on the ex-dividend date.

(See Independent Auditors' Report)

RIGGS, COUNSELMAN, MICHAELS AND DOWNES, INC.
DEFINED BENEFIT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS, CONTINUED

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

Accounting Standards Codification

All references in the financial statements to the Codification refer to the Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles (GAAP) issued by the Financial Accounting Standards Board (FASB). The Codification is the single source of authoritative GAAP in the United States.

New Accounting Standards

In July 2015, the FASB issued Accounting Standards Update (ASU) 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefits Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient. Part I and Part III are not applicable to the plan. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan assets. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and II are to be applied retrospectively. Management has elected to adopt Part II early.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities at the date of the financial statements and additions and deductions recognized during the reporting period. Actual results could differ from those estimates.

Subsequent Events

The Plan has evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through July 19, 2016, the date the financial statements were available to be issued.

(See Independent Auditors' Report)

RIGGS, COUNSELMAN, MICHAELS AND DOWNES, INC.
DEFINED BENEFIT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

All administrative and operating expenses of the Plan, excluding any fees and charges relating to investment management which are included in the value of the respective fund, are paid by the Company and not charged against the employer's contributions. Such expenses are not shown in the accompanying statements.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to a) retired or terminated employees or their beneficiaries, b) beneficiaries of employees who have died, and c) present employees or their beneficiaries. Benefits under the Plan are based on the employee's highest average compensation in any 60 consecutive months during the last 10 years of service before the earlier of retirement, termination of employment or December 31, 2008. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits provided via annuity contracts excluded from the Plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an actuary from Boomershine Consulting Group, L.L.C. and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2015 and 2014 under the Projected Unit Credit Method were a) life expectancy based on the IRS Tables [IRC Section 430(h)(3)(A)], b) an assumed average retirement age of 65, and c) an investment return of 6.0%. During 2015, the Plan changed to updated IRS 2015 mortality, retirement and turnover rates resulting in a decrease to accumulated plan benefits of \$496,858. In addition, the change in lump sum mortality and lump interest rates from IRS 2015 to IRS 2016 rates resulted in a decrease to accumulated plan benefits of \$102,840, in 2015.

The foregoing actuarial assumptions are based on the presumption the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors

(See Independent Auditors' Report)

RIGGS, COUNSELMAN, MICHAELS AND DOWNES, INC.
DEFINED BENEFIT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS, CONTINUED

might be applicable in determining the actuarial present value of accumulated plan benefits.

4. FUNDING POLICY

The funding policy of the Plan is to contribute an amount that meets the minimum contribution required by law plus any additional amounts the Company deems appropriate. The employees of the Company do not make contributions to the Plan.

5. PLAN TERMINATION

Benefits under this Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) as prescribed by ERISA and its related regulations.

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

Generally, the PBGC guarantees the payment of most vested normal age retirement benefits, early retirement benefits and certain survivors' pensions if a pension plan terminates and if there are insufficient funds to pay such benefits. However, the PBGC does not guarantee all types of benefits under all types of covered plans, and the amount of benefit protection is subject to certain limitations.

The PBGC guarantees vested benefits at the level in effect on the date of Plan termination. However, if benefits have been increased within the five years before a plan terminates, the whole amount of the plan's vested benefits or the benefit increase may not be guaranteed. In addition, there is a ceiling on the amount of monthly benefits that the PBGC guarantees, which is adjusted periodically.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

6. INVESTMENTS

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, PNC Bank, N.A., the Trustee of the Plan, has certified to the completeness and accuracy of all investments and investment activity reflected on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2015 and 2014, Schedule of Assets (Held at End of Year), Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2015 and 2014, and accompanying Notes to Financial Statements. The information has not been audited by the Plan's independent auditors.

(See Independent Auditors' Report)

RIGGS, COUNSELMAN, MICHAELS AND DOWNES, INC.
DEFINED BENEFIT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS, CONTINUED

During 2015, certified investment income consisted of the following:

Net Depreciation in Fair Value of Investments	\$(726,811)
Interest	97,725
Dividends	<u>188,408</u>
	<u><u>\$(440,678)</u></u>

Valuation of Investments

Investments are recorded at fair value in accordance with the provisions of the Fair Value Measurements and Disclosures Topic of the Codification, which establishes a framework for measuring fair value. That framework provides a fair value hierarchy which 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the Codification are described below:

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

- Level 2 Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

(See Independent Auditors' Report)

RIGGS, COUNSELMAN, MICHAELS AND DOWNES, INC.
DEFINED BENEFIT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Below is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015.

Money Market and Mutual Funds: Valued at the net asset value (NAV) of shares held by the Plan at year end. NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. NAV is a quoted price in an active market. These assets are classified as Level 1 within the fair value hierarchy.

Corporate Stocks: Valued at the closing price reported on the active market on which the individual securities are traded. These assets are classified as Level 1 within the fair value hierarchy.

Corporate and Government Bonds: Valued based on yields currently available on comparable securities of issuers with similar credit ratings using inputs, such as benchmark yields, reported trades, broker/dealer quotes, and issuer spreads. These assets are classified as Level 2 within the fair value hierarchy.

Investment Funds: In May 2015, FASB issued ASU 2015-07, Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (ASU 2015-07). ASU 2015-07 removes the requirement to categorize investments for which fair value is measured using the NAV of the investment as a practical expedient within the fair value hierarchy. ASU 2015-07 also removes the requirement to make certain disclosures for investments that are eligible to be measured at fair value using the NAV practical expedient. Investments for which the practical expedient is not applied will continue to be included in the fair value hierarchy. ASU 2015-07 is effective for fiscal years beginning after December 15, 2016. Earlier application is permitted. The Plan has chosen to early adopt this change in the Plan's financial statements and accompanying notes for the year ended December 31, 2014.

The Plan's investments in investment funds are measured at fair value using the NAV as a practical expedient. In accordance with ASU 2015-07, these investments are no longer required to be categorized within the fair value hierarchy.

The Plan had no unfunded commitments for the investment funds at December 31, 2015. Investment funds generally restrict redemptions to various specified periods. Investment fund redemptions may be subject to fees up to 3% and lock-up periods up to one year.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair

(See Independent Auditors' Report)

RIGGS, COUNSELMAN, MICHAELS AND DOWNES, INC.
DEFINED BENEFIT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS, CONTINUED

value of certain financial instruments could result in a different fair value measurement at the reporting date.

7. TAX STATUS

The Plan obtained its latest determination dated December 5, 2012, in which the Internal Revenue Service stated the Plan, as then designed, and was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes the Plan is currently designed and operating in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate uncertain tax positions for recognition in the financial statements. The Plan Administrator has concluded that there were no uncertain tax positions taken as of December 31, 2015.

8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, credit and overall volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term, and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

9. PARTIES-IN-INTEREST TRANSACTIONS

The Plan pays investment management fees to parties-in-interest. The Plan paid approximately \$96,000 and \$67,000 to parties-in-interest for the years ended December 31, 2015 and 2014, respectively. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

(See Independent Auditors' Report)

SUPPLEMENTARY INFORMATION

A Name of Plan
Riggs, Counselman, Michaels and Downes, Inc. Defined Benefit Plan and Trust

B Three-digit Plan Number **001**

C Plan Sponsor's Name as Shown on Line
 2a of Form 5500
Riggs, Counselman, Michaels and Downes, Inc.

D Employer Identification #**52-0555835**

E As of December 31, 2015

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

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
<u>Interest Bearing Cash:</u>			
* PNC MONEY MARKET FUND FUND #417	Money Market Fund	\$ 130,999.61	\$ 130,999.61
* PNC TREASURY MONEY MARKET FUND #431	Money Market Fund	172,284.60	172,284.60
* PNC TREASURY MONEY MARKET FUND #431	Money Market Fund	107,243.03	107,243.03
* PNC TREASURY MONEY MARKET FUND #431	Money Market Fund	123,267.61	123,267.61
		<u>533,794.85</u>	<u>533,794.85</u>
<u>US Government Securities:</u>			
STRIP PRINC 00.000% DUE 08/15/2045	Treasury Note	153,564.59	150,354.60
USA TREASURY NOTES 00.875% DUE 01/31/2017	Treasury Note	150,093.75	150,012.00
USA TREASURY NOTES 00.750% DUE 10/31/2017	Treasury Note	149,208.98	149,203.50
USA TREASURY NOTES 00.375% DUE 02/15/2016	Treasury Note	110,073.05	110,000.00
USA TREASURY NOTES 00.500% DUE 10/15/2016	Treasury Note	264,958.59	264,750.90
UNITED STATES TREAS SEC STRIPPEDZERO CPN DUE 08/15/2035	Treasury Note	196,125.60	191,530.20
		<u>1,024,024.56</u>	<u>1,015,851.20</u>
<u>Corporate Debt:</u>			
ALBEMARLE CORP CALL 09/01/2024 @ 100.000 COGT 04.150% DUE 12/01/2024	Corporate Bond	79,751.50	76,453.60
AMERICREDIT AUTOMOBILE RECEIVA SERIES 2015 3 CLASS C 02.940% DUE 03/08/2021	Corporate Bond	59,999.20	59,583.60
BANK OF AMERICA CORP UNSC VAR % DUE 01/15/2019	Corporate Bond	92,015.37	90,330.30

(See Independent Auditors' Report)

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 2a of Form 5500
Riggs, Counselman, Michaels and Downes, Inc.

D Employer Identification #**52-0555835**

E As of December 31, 2015

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

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
BED BATH & BEYOND INC CALL 05/01/2024 @ 100.000 UNSC 03.749% DUE 08/01/2024	Corporate Bond	65,540.80	63,400.35
CANADIAN NATL RESOURCES NTS 05.700% DUE 05/15/2017	Corporate Bond	51,730.12	51,068.00
CC HOLDINGS GS V LLC/CRO SECR 03.849% DUE 04/15/2023	Corporate Bond	59,085.60	58,885.20
COLUMBIA PROPERTY TRUST CALL 01/01/2025 @ 100.000 COGT 04.150% DUE 04/01/2025	Corporate Bond	65,730.30	64,272.65
EDUCATION REALTY OPERATI CALL 09/01/2024 @ 100.000 COGT 04.600% DUE 12/01/2024	Corporate Bond	60,542.40	59,091.00
ENTERPRISE PRODUCTS OPER CALL 12/15/2025 @ 100.000 COGT 03.700% DUE 02/15/2026	Corporate Bond	21,651.52	21,528.00
EXELIS INC COGT 05.550% DUE 10/01/2021	Corporate Bond	61,260.86	60,313.00
FIRST AMERICAN FINANCIAL UNSC 04.600% DUE 11/15/2024	Corporate Bond	61,146.00	60,742.80
HEALTHCARE TRUST OF AMER CALL 05/15/2021 @ 100.000 COGT 03.375% DUE 07/15/2021	Corporate Bond	64,559.95	64,071.15
JB HUNT TRANSPRT SVCS COGT 02.400% DUE 03/15/2019	Corporate Bond	65,771.55	65,406.90
JANUS CAPITAL GROUP INC CALL 05/01/2025 @ 100.000 UNSC 04.875% DUE 08/01/2025	Corporate Bond	61,174.80	61,572.00
LEGG MASON INC UNSC 05.625% DUE 01/15/2044	Corporate Bond	63,911.40	59,598.60
NOBLE ENERGY INC SER * CALL 12/01/17 @102 COGT 05.875% DUE 06/01/2022	Corporate Bond	62,560.70	57,078.00
PRVDNC HLTH & SVC OBL GR UNSC VAR % DUE 10/01/2017	Corporate Bond	40,276.00	40,168.80
REGENCY ENERGY PARTNERS SER WI CALL 08/01/23 @100 COGT 04.500% DUE 11/01/2023	Corporate Bond	57,759.70	51,908.40
RETAIL PROPERTIES OF AME CALL 12/15/2024 @ 100.000 UNSC 04.000% DUE 03/15/2025	Corporate Bond	59,451.96	56,581.20
SANTANDER DRIVE AUTO RECEIVABL SERIES 2015 4 CLASS B 02.260% DUE 06/15/2020	Corporate Bond	59,996.72	59,978.40
ZIONS BANCORPORATION CALL 05/11/2023 @ 100.000 UNSC 04.500% DUE 06/13/2023	Corporate Bond	63,385.80	61,642.20
		<u>1,277,302.25</u>	<u>1,243,674.15</u>
<u>Corporate Stocks - Preferred:</u>			
NATL RETAIL PROPERTIES PFD 05.700% 12/31/2049 CALLABLE 05/30/2018 @ 025.000	Preferred Stock	<u>16,875.00</u>	<u>16,737.30</u>

(See Independent Auditors' Report)

A Name of Plan
Riggs, Counselman, Michaels and Downes, Inc. Defined Benefit Plan and Trust

B Three-digit Plan Number **001**

C Plan Sponsor's Name as Shown on Line
 2a of Form 5500
Riggs, Counselman, Michaels and Downes, Inc.

D Employer Identification #**52-0555835**

E As of December 31, 2015

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

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	<u>Corporate Stocks - Common:</u>			
	ACCENTURE PLC CLASS A ISIN IE00B4BNMY34 SEDOL B4BNMY3	Common Stock	46,042.72	80,778.50
	ALPHABET INC/CA-CL C	Common Stock	24,722.25	88,030.08
	ALPHABET INC/CA-CL A	Common Stock	20,230.38	74,688.96
	AMERICAN EXPRESS CO	Common Stock	23,470.02	39,852.15
	AMERIPRISE FINANCIAL INC	Common Stock	39,727.86	40,120.34
	ANTHEM INC	Common Stock	25,730.86	80,456.88
	APPLE INC	Common Stock	58,973.74	84,944.82
	BANK OF AMERICA CORP	Common Stock	19,710.23	34,501.50
	BERKSHIRE HATHAWAY INC CLASS B	Common Stock	76,850.99	144,187.68
	BEST BUY CO INC	Common Stock	48,694.69	72,836.40
	CANADIAN NATL RAILWAY CO SEDOL 2210959 ISIN CA1363751027	Common Stock	19,743.20	97,790.00
	CANADIAN PACIFIC RAILWAY LTD SEDOL 2793115 ISIN CA13645T1003	Common Stock	21,813.98	29,858.40
	CARMAX INC	Common Stock	28,726.91	66,814.86
	CROWN CASTLE INTL CORP	Common Stock	22,023.43	44,348.85
	DISNEY WALT CO	Common Stock	27,893.99	99,195.52
	EBAY INC	Common Stock	26,039.84	34,322.52
	EDWARDS LIFESCIENCES CORP	Common Stock	34,396.72	76,452.64
	EXPRESS SCRIPTS HLDG CO	Common Stock	80,871.99	128,842.34
	FRANKLIN RESOURCES INC	Common Stock	27,480.90	33,800.76
	INTERNATIONAL BUSINESS MACHS CORP	Common Stock	17,145.15	16,376.78
	JPMORGAN CHASE & CO	Common Stock	57,814.33	75,670.38

(See Independent Auditors' Report)

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 2a of Form 5500
Riggs, Counselman, Michaels and Downes, Inc.

D Employer Identification #**52-0555835**

E As of December 31, 2015

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

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	KINDER MORGAN INC	Common Stock	114,104.02	55,278.60
	LOWES COMPANIES INC	Common Stock	37,557.51	100,372.80
	MASTERCARD INC CL A	Common Stock	21,379.08	130,462.40
	MERCK & CO INC	Common Stock	18,920.88	28,205.88
	MICROSOFT CORP	Common Stock	43,684.49	93,317.36
	OCCIDENTAL PETROLEUM CORP	Common Stock	69,311.09	61,525.10
	OCEANEERING INTERNATIONAL INC	Common Stock	33,729.37	24,688.16
	OWENS CORNING INC	Common Stock	19,265.41	31,133.86
	PAYPAL HOLDINGS INC-W/I	Common Stock	38,264.70	45,213.80
	PEPSICO INC	Common Stock	24,249.67	44,364.48
	PRICE T ROWE GROUP INC	Common Stock	26,048.36	32,241.99
	PRICELINE GROUP INC.	Common Stock	85,864.71	103,270.95
	QUALCOMM	Common Stock	65,099.25	61,281.61
	REGIONS FINANCIAL CORP	Common Stock	25,690.02	36,806.40
	SCHWAB CHARLES CORP NEW	Common Stock	55,224.92	102,840.39
	TJX COMPANIES INC NEW	Common Stock	10,826.28	64,528.10
	TEVA PHARMACEUTICAL INDS LTD ADR	Common Stock	82,006.52	114,016.68
	UNITED RENTALS INC	Common Stock	54,541.48	64,415.52
	UNITED TECHNOLOGIES CORP	Common Stock	22,075.09	51,685.66
	VISA INC CLASS A SHARES	Common Stock	81,629.29	181,311.90
	WELLS FARGO & COMPANY	Common Stock	53,584.53	137,422.08

(See Independent Auditors' Report)

A Name of Plan
Riggs, Counselman, Michaels and Downes, Inc. Defined Benefit Plan and Trust

B Three-digit Plan Number **001**

C Plan Sponsor's Name as Shown on Line
 2a of Form 5500
Riggs, Counselman, Michaels and Downes, Inc.

D Employer Identification #**52-0555835**

E As of December 31, 2015

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

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
YAHOO INC	Common Stock	60,650.73	65,888.06
<u>Registered Investment Companies:</u>		1,791,811.58	3,074,142.14
ARTISAN HIGH INCOME FUND ADV FUND #2455	Mutual Fund	940,000.00	945,649.72
* BROWN ADVISORY MORTGAGE SECURITIES FUND	Mutual Fund	2,429,795.32	2,406,833.99
* BROWN ADV STRAT EUR EQ-INS	Mutual Fund	615,000.00	640,204.92
* BROWN ADVISORY EMG MKTS-INS	Mutual Fund	205,000.00	170,833.34
* BROWN ADVISORY SMALL CAP FUNDAMENTAL VALUE FUND CLASS INV	Mutual Fund	878,480.47	826,972.68
<u>Other Assets:</u>		5,068,275.79	4,990,494.65
PORT AUTH OF NEW YORK & NE CONSOL-SER REV CALL 10/15/24@10004.426% DUE 10/15/2034	Municipal Bond	111,585.10	111,700.60
DW CATALYST OFFSHORE FUND LTD CLASS A SHARES	Hedge Fund	1,000,000.00	900,653.79
BLUE MOUNTAIN CREDIT ALTERNATIVE FUND LTD	Hedge Fund	1,000,000.00	977,907.67
BREVAN HOWARD FUND LIMITED CLASS B US	Hedge Fund	1,000,000.00	948,407.44
* BROWN ADVISORY HEDGED US EQUITY MANAGERS SUB-CLASS G SHARES	Hedge Fund	3,000,000.00	2,886,976.21
CDK GLOBAL SELECT FUND (TE) CLASS E1	Hedge Fund	2,000,000.00	2,000,091.78
		8,111,585.10	7,825,737.49
* Party-in-Interest		<u>\$ 17,823,669.13</u>	<u>\$ 18,700,431.78</u>

(See Independent Auditors' Report)

RIGGS, COUNSELMAN, MICHAELS AND DOWNES, INC.
DEFINED BENEFIT PLAN AND TRUST
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS, CONTINUED
For the Year Ended December 31, 2015
EMPLOYER IDENTIFICATION NUMBER: 52-0555835; PLAN NUMBER: 001

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (i) -- Single transactions in excess of 5% of Plan assets:</u>						
* Brown Advisory Hedged US Equity Mgrs Sub-Class G	Investment Fund	\$ 2,000,000	\$ -	\$ 2,000,000	\$ 2,000,000	\$ -
* Temporary Asset for Invested Funds Pending	Money Market Fund	2,000,000	-	2,000,000	2,000,000	-
* Temporary Asset for Invested Funds Pending	Money Market Fund	-	2,000,000	2,000,000	2,000,000	-
USA Treasury Bond 3.375% due 04/15/2032	Treasury Bonds	1,151,324	-	1,151,324	1,151,324	-
USA Treasury Bond 3.375% due 04/15/2032	Treasury Bonds	-	1,117,538	1,151,324	1,117,538	(33,786)
<u>Category (iii) -- Series of transactions in excess of 5% of Plan assets:</u>						
* Brown Advisory Mortgage Securities Fund	Mutual Fund	1,029,054	-	1,029,054	1,029,054	-
* Brown Advisory Mortgage Securities Fund	Mutual Fund	-	1,540,000	1,536,286	1,540,000	3,714
USA Treasury Notes 03.50% Due 02/15/2044	Treasury Notes	758,559	-	758,559	758,559	-
USA Treasury Notes 03.50% Due 02/15/2044	Treasury Notes	-	1,018,853	986,240	1,018,853	32,613
USA Treasury Notes 02.0% Due 02/15/2025	Treasury Notes	939,384	-	939,384	939,384	-
USA Treasury Notes 02.0% Due 02/15/2025	Treasury Notes	-	931,971	939,384	931,971	(7,413)
USA Treasury Notes 01.375% Due 02/29/2020	Treasury Notes	734,109	-	734,109	734,109	-
USA Treasury Notes 01.375% Due 02/29/2020	Treasury Notes	-	733,082	734,109	733,082	(1,027)
USA Treasury Notes 01.25% Due 10/31/2015	Treasury Notes	653,645	-	653,645	653,645	-
USA Treasury Notes 01.25% Due 10/31/2015	Treasury Notes	-	1,466,495	1,472,659	1,466,495	(6,164)
USA Treasury Notes 0.375% Due 02/15/2016	Treasury Notes	910,960	-	910,960	910,960	-
USA Treasury Notes 0.375% Due 02/15/2016	Treasury Notes	-	875,883	875,980	875,883	(97)
USA Treasury Notes 0.875% Due 01/31/2017	Treasury Notes	612,377	-	612,377	612,377	-
USA Treasury Notes 0.875% Due 01/31/2017	Treasury Notes	-	460,498	462,283	460,498	(1,785)
USA Treasury Notes 0.25% Due 07/15/2015	Treasury Notes	915,572	-	915,572	915,572	-

(See Independent Auditors' Report)

RIGGS, COUNSELMAN, MICHAELS AND DOWNES, INC.
DEFINED BENEFIT PLAN AND TRUST
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS, CONTINUED
For the Year Ended December 31, 2015
EMPLOYER IDENTIFICATION NUMBER: 52-0555835; PLAN NUMBER: 001

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
USA Treasury Notes 0.25% Due 07/15/2015	Treasury Notes	-	2,721,571	2,722,501	2,721,571	(930)
USA Treasury Notes 02.5% Due 02/15/2045	Treasury Notes	594,531	-	594,531	594,531	-
USA Treasury Notes 02.5% Due 02/15/2045	Treasury Notes	-	567,972	594,531	567,972	(26,559)
USA Treasury Notes 04.5% Due 02/15/2036	Treasury Notes	735,939	-	735,939	735,939	-
USA Treasury Notes 04.5% Due 02/15/2036	Treasury Notes	-	1,228,543	1,216,202	1,228,543	12,341
USA Treasury Bond Treasury Inflat Protection SECS	Treasury Bonds	1,151,324	-	1,151,324	1,151,324	-
USA Treasury Bond Treasury Inflat Protection SECS	Treasury Bonds	-	1,117,538	1,151,324	1,117,538	(33,786)
* Temporary Asset for Invested Funds Pending	Money Market Fund	5,500,000	-	5,500,000	5,500,000	-
* Temporary Asset for Invested Funds Pending	Money Market Fund	-	5,500,000	5,500,000	5,500,000	-
* PNC Money Market Fund Fund #417	Money Market Fund	964,314	-	964,314	964,314	-
* PNC Money Market Fund Fund #417	Money Market Fund	-	1,029,332	1,029,332	1,029,332	-
* PNC Money Market Fund Fund #431	Money Market Fund	1,297,074	-	1,297,074	1,297,074	-
* PNC Money Market Fund Fund #431	Money Market Fund	-	1,791,029	1,791,029	1,791,029	-
* Brown Advisory Hedged US Equity Mgrs Sub-Class G	Investment Fund	2,000,000	-	2,000,000	2,000,000	-

There were no category (ii), or (iv) reportable transactions during the year ended December 31, 2015.
Columns (e) and (f) are not applicable.

* Party-In-Interest.

(See Independent Auditors' Report)

Plan Name: Riggs, Counselman, Michaels & Downes, Inc.
EIN: 52-0555835
PN: 001
Plan Year : 1/1/2015 - 12/31/2015

Schedule SB, line 22 - Description of Weighted Average Retirement Age

The weighted average retirement age is equal to the normal retirement age of 65.

Plan Name: Riggs, Counselman, Michaels & Downes, Inc.
EIN: 52-0555835
PN: 001
Plan Year : 1/1/2015 - 12/31/2015

Schedule SB, line 32 - Schedule of Amortization Bases

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall	1,561,297	1/1/2013	5	341,705
Credit	<u>(140,995)</u>	1/1/2014	6	<u>(26,540)</u>
	1,420,302			315,165

Plan Name: Riggs, Counselman, Michaels & Downes, Inc.

EIN: 52-0555835

PN: 001

Plan Year : 1/1/2015 - 12/31/2015

Schedule SB, Part V - Summary of Plan Provisions

EFFECTIVE DATE: July 1, 1956. Amended and restated, Effective January 1, 2012.

VALUATION DATE: January 1.

PLAN YEAR: January 1 through December 31.

ELIGIBILITY: Each employee who works 1,000 or more hours per year and is at least 21 years of age is covered.

As of December 31, 2006, participation in the plan was frozen to new entrants.

YEARS OF SERVICE: An employee will be credited with a Year of Service for vesting only if 1,000 Hours of Service are completed within the Plan Year.
No Years of Service for benefit accrual will be accrued after December 31, 2008.

RETIREMENT DATES:

- (a) Normal Retirement: A participant's Normal Retirement Date is the first day of the month coincident with or immediately following attained age sixty-five (65).
- (b) Early Retirement: A participant who has reached age 55 and has completed 10 years of Vesting Service is eligible for early retirement.
- (c) Late Retirement: First of month following actual retirement later than normal retirement date.

AMOUNT OF RETIREMENT BENEFITS:

- (a) Normal Retirement: A Participant's normal retirement benefit is equal to 1.5% of the final average compensation, minus 0.635% of final average compensation not in excess of covered compensation, multiplied by the number of years of credited service up to 35 years.
A Participant's final average compensation is equal to the highest average compensation in any 60 consecutive month period during the last 10 years of service.
- (b) Early Retirement: The participant's early retirement benefit is the accrued benefit reduced to reflect early payment.
- (c) Late Retirement: Normal retirement benefit based on service and final average compensation as of the deferred retirement date increased to reflect late payment.
- (d) Effective December 31, 2008, a participant's accrued benefit shall be based on his Years of Service completed as of December 31, 2008 and his Final Earnings as of December 31, 2008.

Plan Name: Riggs, Counselman, Michaels & Downes, Inc.

EIN: 52-0555835

PN: 001

Plan Year : 1/1/2015 - 12/31/2015

**Schedule SB, Part V - Summary of Plan Provisions
(continued)**

OPTIONAL METHODS OF RECEIVING BENEFIT PAYMENTS:

- (a) Life Annuity Option: Basic Form for Unmarried Participants
- (b) Joint and 50% to Spouse Option: Basic Form for Married Participants. A monthly income payable for the lifetime of the Participant and continuing thereafter in half (50%) of the original amount to the Participant's spouse for the remaining lifetime.
- (c) Joint and 100%, 75% or 66-2/3% to Spouse: A monthly income payable for the lifetime of the Participant and continuing thereafter in either the same (100%), three-quarters (75%) or two-thirds (66-2/3%) of the amount to the Participant's spouse for the remaining lifetime.
- (d) Years Certain and Continuous: Reduced monthly payments will be made to the Participant for his lifetime. If he dies within 5, 10, or 15 years after commencement of his benefits, payments will continue to his designated beneficiary for the remainder of the 5, 10, or 15 year period.
- (e) Lump Sum: If the present value of the accrued benefit at termination is less than \$5,000, the Participant can receive a Lump Sum payout upon the return of a completed distribution form. If the present value of the accrued benefit at retirement or death is less than or equal to \$150,000, the Participant can receive a Lump Sum payout.

PRE-RETIREMENT DEATH BENEFITS: In the event an active participant or terminated participant with more than five (5) years of Vesting Service dies prior to commencement of benefits, a death benefit is payable beginning with the month in which the participant would have attained his earliest retirement age, equal to the actuarial equivalent of the participant's vested accrued benefit at death.

VESTING: A participant shall be 100% vested in his Accrued Benefit under the Plan if employed by the Employer on the earlier of the following dates:

- (a) The date Participant reaches Normal Retirement Age;
- (b) The date the Participant is credited with five (5) Years of Service.

CONTRIBUTIONS: The Employer pays the entire cost of the Plan.

Plan Name: Riggs, Counselman, Michaels & Downes, Inc.
 EIN: 52-0555835
 PN: 001
 Plan Year : 1/1/2015 - 12/31/2015

Schedule SB, line 32 - Schedule of Amortization Bases

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall	1,561,297	1/1/2013	5	341,705
Credit	<u>(140,995)</u>	1/1/2014	6	<u>(26,540)</u>
	1,420,302			315,165

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

1. ACTUARIAL ASSUMPTIONS:

<u>Interest Rates:</u>	<u>1/1/2015</u>	<u>1/1/2014</u>
HATFA funding (adjusted - 1st segment	4.72%	4.99%
HATFA funding (adjusted) - 2nd segment	6.11%	6.32%
HATFA funding (adjusted) - 3rd segment	6.81%	6.99%
Plan's Effective Interest Rate	6.25%	6.46%
PPA (unadjusted) - 1st segment (24-month avg)	1.22%	1.25%
PPA (unadjusted) - 2nd segment (24-month avg)	4.11%	4.06%
PPA (unadjusted) - 3rd segment (24-month avg)	5.20%	5.08%
FASB 35 - Pre/Post retirement	6.00%	6.00%
ASC 715-20/30 - Pre/Post Retirement	3.50%	4.00%

Salary Scale: N/A

Mortality Before and After Retirement:

Funding - IRS 2015 Annuitant/Non-Annuitant Table

ASC 960/FAS 35 - RP-2014 White-collar Employee, Healthy Annuitant mortality
with MP-2014 generational improvement

ASC 715-20/30 - RP-2014 White-collar Employee, Healthy Annuitant mortality
with MP-2014 generational improvement

Withdrawal: The rates of withdrawal are taken from Table #10 of the Actuaries' Pension Handbook.
Withdrawal rates are not used after eligibility for retirement.

Retirement Age: All participants are assumed to retire at age 65; otherwise attained age if retiring after 65.

Disablement: None

Assumptions for Converting Annuities to Lump Sums:

HATFA funding - IRS 2014 Lump Sum mortality; HATFA segment rates used for funding

Non-HATFA purposes - IRS 2015 Lump Sum mortality; 24-month avg segment rates

FAS 35/132/87 - IRS 2015 Lump Sum mortality; 2015 Lump Sum segment rates (1.25%, 4.57%, 5.60%)

Benefit Payment Form and Timing: In a lump sum payment if the present value is equal to or less than \$150,000; otherwise, as an annuity. Benefits are assumed to be paid immediately upon retirement or vested death and deferred to age 65 for vested terminations prior to retirement.

Marriage and Age of Spouse: 100% of the employees are assumed to be married. Wives are assumed to be three years younger than their husbands.

Future Service Accruals for Vesting: Employees are assumed to work the same number of hours in future years as they worked during the prior plan year. A participant's Credited Service for purposes of determining the Accrued Benefit will be limited to his Years of Service completed as of December 31, 2008.

Social Security Wage Base: N/A

Expenses: Estimated to be equal to the total expenses, including investment-related fees, paid from Plan assets during the prior plan year, rounded to the nearest \$100.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

2. ACTUARIAL COST METHOD AND DEFINITIONS:

The actuarial cost method used in the funding valuation is the Unit Credit method. The actuarial present value of the benefits accruing during the year is the Target Normal Cost for the participant. The Plan's Target Normal Cost is the sum of each participant's Target Normal Cost. The actuarial present value of the benefits accrued in prior years is the Funding Target of the participant. The Plan's Funding Target is the sum of each participant's Funding Target.

Funding Target (FT) is defined as the present value of all benefits that have been accrued as of the valuation date.

Target Normal Cost (TNC) is defined as the present value of all benefits that have accrued or expected to be accrued during the plan year. Zero after December 31, 2008.

Funding Shortfall is the excess (if any) of the Plan's Funding Target over the Plan's Asset Value, reduced by the Prefunding Balance and the Carryover Balance
Any experience gains or losses resulting from actual Plan experience, either more or less favorable than anticipated on the basis of the actuarial assumptions and asset valuation method, will result in a decrease or increase in the Funding Shortfall.

Funding Standard Account(FSA) Carryover Balance is initially equal to the Remaining FSA credit balance at PPA '06 inception. It is increased with interest (actual return on assets) and reduced if used to satisfy the Minimum Required Contribution. This must be used before reductions in the Prefunding Balance.

Prefunding Balance is increased annually by contributions made above the Minimum Required Contribution. It is increased with interest (actual return on assets) and reduced if used to satisfy the Minimum Required Contribution.

At Risk Assumption includes the assumption that all plan participants who are not already assumed to retire within the current plan year, but who are eligible to retire during the plan year being valued and the succeeding 10 plan years, will retire at the earliest retirement age under the plan terms, but not before the end of the plan year under determination and receive the most valuable form of benefit.

3. ACTUARIAL ASSET METHOD

The Plan Value of Assets is derived by taking the average of the fair market value of assets on the valuation date and the adjusted fair market value of assets on the two prior valuation dates, subject to a 90% - 110% of fair market value of assets corridor.

Plan Name: Riggs, Counselman, Michaels & Downes, Inc.
 EIN: 52-0555835
 PN: 001
 Plan Year 01/01/2015 - 12/31/2015

Schedule SB, Line 26 - Schedule of Active Participant Data											
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & UP	Total
Under 25											
25 to 29											
30 to 34		2	1								3
35 to 39		6	4								10
40 to 44		1	5		1						7
45 to 49		5	6	2	2						15
50 to 54		3	7	4	2	3	1				20
55 to 59		5	12		3	1	4	1			26
60 to 64		1	2	1	2	2	1	2	2		13
65 to 69		1	1	1	1		1		2		7
70 & UP			1								1
Total		24	39	8	11	6	7	3	4		102

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	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

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Riggs, Counselman, Michaels & Downes, Inc. Defined Benefit	B Three-digit Plan number (PN)	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Riggs, Counselman, Michaels & Downes, Inc.	D Employer Identification Number (EIN) 52-0555835	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2015</u>			
2 Assets:			
a Market value	2a	21,319,914	
b Actuarial value	2b	20,842,616	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	75	10,319,911	10,319,911
b For terminated vested participants	148	3,384,337	3,384,337
c For active participants	102	6,872,768	6,872,768
d Total	325	20,577,016	20,577,016
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.25 %	
6 Target normal cost	6	66,900	

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>7/26/2016</u> Date
Gregory M. Stump Type or print name of actuary Boomershine Consulting Group, LLC Firm name 3300 N Ridge Road, Suite 300 Ellicott City MD 21043 Address of the firm		14-06998 Most recent enrollment number (410) 418-5591 Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	796,687	629,972
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	796,687	629,972
10	Interest on line 9 using prior year's actual return of <u>11.65%</u>	92814	73392
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		169168
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.46%</u>		10928
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance.....		180096
	d Portion of (c) to be added to prefunding balance.....		180096
12	Other reductions in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	889,501	883460

14	Funding target attainment percentage	14	92.67 %
15	Adjusted funding target attainment percentage	15	101.29 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	95.77 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
04/13/2015	114,000					
07/13/2015	86,000					
11/25/2015	86,000					
01/14/2016	100,000					
03/07/2016	826,867					
			Totals ►	18(b)	1,212,867	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
---	------------	---

b Contributions made to avoid restrictions adjusted to valuation date	19b	0
--	------------	---

C Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,140,188
---	------------	-----------

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

C If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.72 %2nd segment:
6.11 %3rd segment:
6.81 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)**31a**

66,900

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

1,420,302

315,165

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ...**34**

382,065

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

36 Additional cash requirement (line 34 minus line 35) **36** 382,065**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

1,140,188

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

758,123

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected☐ 2 plus 7 years☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made☐ 2008☐ 2009☐ 2010☐ 2011**42** Amount of acceleration adjustment**42****43** Excess installment acceleration amount to be carried over to future plan years**43**

Plan Name: Riggs, Counselman, Michaels & Downes, Inc.
 EIN: 52-0555835
 PN: 001
 Plan Year : 1/1/2015 - 12/31/2015

Schedule SB, line 19 - Discounted Employer Contributions

<u>Date of Contribution</u>	<u>Amount</u>	<u>Year Applied</u>	<u>Effective Interest Rate</u>	<u>Interest Adjusted Contribution</u>
4/13/2015	114,000	2015	6.25%	112,085
7/13/2015	86,000	2015	6.25%	83,287
11/25/2016	57,647	2015	6.25%	54,309 *
11/25/2015	28,353	2015	6.25%	26,850
1/14/2016	100,000	2015	6.25%	93,914
3/7/2016	<u>826,867</u>	2015	6.25%	<u>769,743</u>
	1,212,867			1,140,188

* Includes 5.0% penalty interest discount

A Name of Plan
Riggs, Counselman, Michaels and Downes, Inc. Defined Benefit Plan and Trust

B Three-digit Plan Number **001**

C Plan Sponsor's Name as Shown on Line
 2a of Form 5500
Riggs, Counselman, Michaels and Downes, Inc.

D Employer Identification #**52-0555835**

E As of December 31, 2015

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

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
<u>Interest Bearing Cash:</u>			
* PNC MONEY MARKET FUND FUND #417	Money Market Fund	\$ 130,999.61	\$ 130,999.61
* PNC TREASURY MONEY MARKET FUND #431	Money Market Fund	172,284.60	172,284.60
* PNC TREASURY MONEY MARKET FUND #431	Money Market Fund	107,243.03	107,243.03
* PNC TREASURY MONEY MARKET FUND #431	Money Market Fund	123,267.61	123,267.61
		<u>533,794.85</u>	<u>533,794.85</u>
<u>US Government Securities:</u>			
STRIP PRINC 00.000% DUE 08/15/2045	Treasury Note	153,564.59	150,354.60
USA TREASURY NOTES 00.875% DUE 01/31/2017	Treasury Note	150,093.75	150,012.00
USA TREASURY NOTES 00.750% DUE 10/31/2017	Treasury Note	149,208.98	149,203.50
USA TREASURY NOTES 00.375% DUE 02/15/2016	Treasury Note	110,073.05	110,000.00
USA TREASURY NOTES 00.500% DUE 10/15/2016	Treasury Note	264,958.59	264,750.90
UNITED STATES TREAS SEC STRIPPEDZERO CPN DUE 08/15/2035	Treasury Note	196,125.60	191,530.20
		<u>1,024,024.56</u>	<u>1,015,851.20</u>
<u>Corporate Debt:</u>			
ALBEMARLE CORP CALL 09/01/2024 @ 100.000 COGT 04.150% DUE 12/01/2024	Corporate Bond	79,751.50	76,453.60
AMERICREDIT AUTOMOBILE RECEIVA SERIES 2015 3 CLASS C 02.940% DUE 03/08/2021	Corporate Bond	59,999.20	59,583.60
BANK OF AMERICA CORP UNSC VAR % DUE 01/15/2019	Corporate Bond	92,015.37	90,330.30

(See Independent Auditors' Report)

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 2a of Form 5500
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E As of December 31, 2015

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

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
BED BATH & BEYOND INC CALL 05/01/2024 @ 100.000 UNSC 03.749% DUE 08/01/2024	Corporate Bond	65,540.80	63,400.35
CANADIAN NATL RESOURCES NTS 05.700% DUE 05/15/2017	Corporate Bond	51,730.12	51,068.00
CC HOLDINGS GS V LLC/CRO SECR 03.849% DUE 04/15/2023	Corporate Bond	59,085.60	58,885.20
COLUMBIA PROPERTY TRUST CALL 01/01/2025 @ 100.000 COGT 04.150% DUE 04/01/2025	Corporate Bond	65,730.30	64,272.65
EDUCATION REALTY OPERATI CALL 09/01/2024 @ 100.000 COGT 04.600% DUE 12/01/2024	Corporate Bond	60,542.40	59,091.00
ENTERPRISE PRODUCTS OPER CALL 12/15/2025 @ 100.000 COGT 03.700% DUE 02/15/2026	Corporate Bond	21,651.52	21,528.00
EXELIS INC COGT 05.550% DUE 10/01/2021	Corporate Bond	61,260.86	60,313.00
FIRST AMERICAN FINANCIAL UNSC 04.600% DUE 11/15/2024	Corporate Bond	61,146.00	60,742.80
HEALTHCARE TRUST OF AMER CALL 05/15/2021 @ 100.000 COGT 03.375% DUE 07/15/2021	Corporate Bond	64,559.95	64,071.15
JB HUNT TRANSPRT SVCS COGT 02.400% DUE 03/15/2019	Corporate Bond	65,771.55	65,406.90
JANUS CAPITAL GROUP INC CALL 05/01/2025 @ 100.000 UNSC 04.875% DUE 08/01/2025	Corporate Bond	61,174.80	61,572.00
LEGG MASON INC UNSC 05.625% DUE 01/15/2044	Corporate Bond	63,911.40	59,598.60
NOBLE ENERGY INC SER * CALL 12/01/17 @102 COGT 05.875% DUE 06/01/2022	Corporate Bond	62,560.70	57,078.00
PRVDNC HLTH & SVC OBL GR UNSC VAR % DUE 10/01/2017	Corporate Bond	40,276.00	40,168.80
REGENCY ENERGY PARTNERS SER WI CALL 08/01/23 @100 COGT 04.500% DUE 11/01/2023	Corporate Bond	57,759.70	51,908.40
RETAIL PROPERTIES OF AME CALL 12/15/2024 @ 100.000 UNSC 04.000% DUE 03/15/2025	Corporate Bond	59,451.96	56,581.20
SANTANDER DRIVE AUTO RECEIVABL SERIES 2015 4 CLASS B 02.260% DUE 06/15/2020	Corporate Bond	59,996.72	59,978.40
ZIONS BANCORPORATION CALL 05/11/2023 @ 100.000 UNSC 04.500% DUE 06/13/2023	Corporate Bond	63,385.80	61,642.20
		<u>1,277,302.25</u>	<u>1,243,674.15</u>
<u>Corporate Stocks - Preferred:</u>			
NATL RETAIL PROPERTIES PFD 05.700% 12/31/2049 CALLABLE 05/30/2018 @ 025.000	Preferred Stock	<u>16,875.00</u>	<u>16,737.30</u>

(See Independent Auditors' Report)

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B Three-digit Plan Number **001**

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 2a of Form 5500
Riggs, Counselman, Michaels and Downes, Inc.

D Employer Identification #**52-0555835**

E As of December 31, 2015

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

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	<u>Corporate Stocks - Common:</u>			
	ACCENTURE PLC CLASS A ISIN IE00B4BNMY34 SEDOL B4BNMY3	Common Stock	46,042.72	80,778.50
	ALPHABET INC/CA-CL C	Common Stock	24,722.25	88,030.08
	ALPHABET INC/CA-CL A	Common Stock	20,230.38	74,688.96
	AMERICAN EXPRESS CO	Common Stock	23,470.02	39,852.15
	AMERIPRISE FINANCIAL INC	Common Stock	39,727.86	40,120.34
	ANTHEM INC	Common Stock	25,730.86	80,456.88
	APPLE INC	Common Stock	58,973.74	84,944.82
	BANK OF AMERICA CORP	Common Stock	19,710.23	34,501.50
	BERKSHIRE HATHAWAY INC CLASS B	Common Stock	76,850.99	144,187.68
	BEST BUY CO INC	Common Stock	48,694.69	72,836.40
	CANADIAN NATL RAILWAY CO SEDOL 2210959 ISIN CA1363751027	Common Stock	19,743.20	97,790.00
	CANADIAN PACIFIC RAILWAY LTD SEDOL 2793115 ISIN CA13645T1003	Common Stock	21,813.98	29,858.40
	CARMAX INC	Common Stock	28,726.91	66,814.86
	CROWN CASTLE INTL CORP	Common Stock	22,023.43	44,348.85
	DISNEY WALT CO	Common Stock	27,893.99	99,195.52
	EBAY INC	Common Stock	26,039.84	34,322.52
	EDWARDS LIFESCIENCES CORP	Common Stock	34,396.72	76,452.64
	EXPRESS SCRIPTS HLDG CO	Common Stock	80,871.99	128,842.34
	FRANKLIN RESOURCES INC	Common Stock	27,480.90	33,800.76
	INTERNATIONAL BUSINESS MACHS CORP	Common Stock	17,145.15	16,376.78
	JPMORGAN CHASE & CO	Common Stock	57,814.33	75,670.38

(See Independent Auditors' Report)

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 2a of Form 5500
Riggs, Counselman, Michaels and Downes, Inc.

D Employer Identification #**52-0555835**

E As of December 31, 2015

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

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	KINDER MORGAN INC	Common Stock	114,104.02	55,278.60
	LOWES COMPANIES INC	Common Stock	37,557.51	100,372.80
	MASTERCARD INC CL A	Common Stock	21,379.08	130,462.40
	MERCK & CO INC	Common Stock	18,920.88	28,205.88
	MICROSOFT CORP	Common Stock	43,684.49	93,317.36
	OCCIDENTAL PETROLEUM CORP	Common Stock	69,311.09	61,525.10
	OCEANEERING INTERNATIONAL INC	Common Stock	33,729.37	24,688.16
	OWENS CORNING INC	Common Stock	19,265.41	31,133.86
	PAYPAL HOLDINGS INC-W/I	Common Stock	38,264.70	45,213.80
	PEPSICO INC	Common Stock	24,249.67	44,364.48
	PRICE T ROWE GROUP INC	Common Stock	26,048.36	32,241.99
	PRICELINE GROUP INC.	Common Stock	85,864.71	103,270.95
	QUALCOMM	Common Stock	65,099.25	61,281.61
	REGIONS FINANCIAL CORP	Common Stock	25,690.02	36,806.40
	SCHWAB CHARLES CORP NEW	Common Stock	55,224.92	102,840.39
	TJX COMPANIES INC NEW	Common Stock	10,826.28	64,528.10
	TEVA PHARMACEUTICAL INDS LTD ADR	Common Stock	82,006.52	114,016.68
	UNITED RENTALS INC	Common Stock	54,541.48	64,415.52
	UNITED TECHNOLOGIES CORP	Common Stock	22,075.09	51,685.66
	VISA INC CLASS A SHARES	Common Stock	81,629.29	181,311.90
	WELLS FARGO & COMPANY	Common Stock	53,584.53	137,422.08

(See Independent Auditors' Report)

A Name of Plan
Riggs, Counselman, Michaels and Downes, Inc. Defined Benefit Plan and Trust

B Three-digit Plan Number **001**

C Plan Sponsor's Name as Shown on Line
 2a of Form 5500
Riggs, Counselman, Michaels and Downes, Inc.

D Employer Identification #**52-0555835**

E As of December 31, 2015

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

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
YAHOO INC	Common Stock	60,650.73	65,888.06
<u>Registered Investment Companies:</u>		1,791,811.58	3,074,142.14
ARTISAN HIGH INCOME FUND ADV FUND #2455	Mutual Fund	940,000.00	945,649.72
* BROWN ADVISORY MORTGAGE SECURITIES FUND	Mutual Fund	2,429,795.32	2,406,833.99
* BROWN ADV STRAT EUR EQ-INS	Mutual Fund	615,000.00	640,204.92
* BROWN ADVISORY EMG MKTS-INS	Mutual Fund	205,000.00	170,833.34
* BROWN ADVISORY SMALL CAP FUNDAMENTAL VALUE FUND CLASS INV	Mutual Fund	878,480.47	826,972.68
		5,068,275.79	4,990,494.65
<u>Other Assets:</u>			
PORT AUTH OF NEW YORK & NE CONSOL-SER REV CALL 10/15/24@10004.426% DUE 10/15/2034	Municipal Bond	111,585.10	111,700.60
DW CATALYST OFFSHORE FUND LTD CLASS A SHARES	Hedge Fund	1,000,000.00	900,653.79
BLUE MOUNTAIN CREDIT ALTERNATIVE FUND LTD	Hedge Fund	1,000,000.00	977,907.67
BREVAN HOWARD FUND LIMITED CLASS B US	Hedge Fund	1,000,000.00	948,407.44
* BROWN ADVISORY HEDGED US EQUITY MANAGERS SUB-CLASS G SHARES	Hedge Fund	3,000,000.00	2,886,976.21
CDK GLOBAL SELECT FUND (TE) CLASS E1	Hedge Fund	2,000,000.00	2,000,091.78
		8,111,585.10	7,825,737.49
* Party-in-Interest		<u>\$ 17,823,669.13</u>	<u>\$ 18,700,431.78</u>

(See Independent Auditors' Report)

RIGGS, COUNSELMAN, MICHAELS AND DOWNES, INC.
DEFINED BENEFIT PLAN AND TRUST
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS, CONTINUED
For the Year Ended December 31, 2015
EMPLOYER IDENTIFICATION NUMBER: 52-0555835; PLAN NUMBER: 001

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (i) -- Single transactions in excess of 5% of Plan assets:</u>						
* Brown Advisory Hedged US Equity Mgrs Sub-Class G	Investment Fund	\$ 2,000,000	\$ -	\$ 2,000,000	\$ 2,000,000	\$ -
* Temporary Asset for Invested Funds Pending	Money Market Fund	2,000,000	-	2,000,000	2,000,000	-
* Temporary Asset for Invested Funds Pending	Money Market Fund	-	2,000,000	2,000,000	2,000,000	-
USA Treasury Bond 3.375% due 04/15/2032	Treasury Bonds	1,151,324	-	1,151,324	1,151,324	-
USA Treasury Bond 3.375% due 04/15/2032	Treasury Bonds	-	1,117,538	1,151,324	1,117,538	(33,786)
<u>Category (iii) -- Series of transactions in excess of 5% of Plan assets:</u>						
* Brown Advisory Mortgage Securities Fund	Mutual Fund	1,029,054	-	1,029,054	1,029,054	-
* Brown Advisory Mortgage Securities Fund	Mutual Fund	-	1,540,000	1,536,286	1,540,000	3,714
USA Treasury Notes 03.50% Due 02/15/2044	Treasury Notes	758,559	-	758,559	758,559	-
USA Treasury Notes 03.50% Due 02/15/2044	Treasury Notes	-	1,018,853	986,240	1,018,853	32,613
USA Treasury Notes 02.0% Due 02/15/2025	Treasury Notes	939,384	-	939,384	939,384	-
USA Treasury Notes 02.0% Due 02/15/2025	Treasury Notes	-	931,971	939,384	931,971	(7,413)
USA Treasury Notes 01.375% Due 02/29/2020	Treasury Notes	734,109	-	734,109	734,109	-
USA Treasury Notes 01.375% Due 02/29/2020	Treasury Notes	-	733,082	734,109	733,082	(1,027)
USA Treasury Notes 01.25% Due 10/31/2015	Treasury Notes	653,645	-	653,645	653,645	-
USA Treasury Notes 01.25% Due 10/31/2015	Treasury Notes	-	1,466,495	1,472,659	1,466,495	(6,164)
USA Treasury Notes 0.375% Due 02/15/2016	Treasury Notes	910,960	-	910,960	910,960	-
USA Treasury Notes 0.375% Due 02/15/2016	Treasury Notes	-	875,883	875,980	875,883	(97)
USA Treasury Notes 0.875% Due 01/31/2017	Treasury Notes	612,377	-	612,377	612,377	-
USA Treasury Notes 0.875% Due 01/31/2017	Treasury Notes	-	460,498	462,283	460,498	(1,785)
USA Treasury Notes 0.25% Due 07/15/2015	Treasury Notes	915,572	-	915,572	915,572	-

(See Independent Auditors' Report)

RIGGS, COUNSELMAN, MICHAELS AND DOWNES, INC.
DEFINED BENEFIT PLAN AND TRUST
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS, CONTINUED
For the Year Ended December 31, 2015
EMPLOYER IDENTIFICATION NUMBER: 52-0555835; PLAN NUMBER: 001

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
USA Treasury Notes 0.25% Due 07/15/2015	Treasury Notes	-	2,721,571	2,722,501	2,721,571	(930)
USA Treasury Notes 02.5% Due 02/15/2045	Treasury Notes	594,531	-	594,531	594,531	-
USA Treasury Notes 02.5% Due 02/15/2045	Treasury Notes	-	567,972	594,531	567,972	(26,559)
USA Treasury Notes 04.5% Due 02/15/2036	Treasury Notes	735,939	-	735,939	735,939	-
USA Treasury Notes 04.5% Due 02/15/2036	Treasury Notes	-	1,228,543	1,216,202	1,228,543	12,341
USA Treasury Bond Treasury Inflat Protection SECS	Treasury Bonds	1,151,324	-	1,151,324	1,151,324	-
USA Treasury Bond Treasury Inflat Protection SECS	Treasury Bonds	-	1,117,538	1,151,324	1,117,538	(33,786)
* Temporary Asset for Invested Funds Pending	Money Market Fund	5,500,000	-	5,500,000	5,500,000	-
* Temporary Asset for Invested Funds Pending	Money Market Fund	-	5,500,000	5,500,000	5,500,000	-
* PNC Money Market Fund Fund #417	Money Market Fund	964,314	-	964,314	964,314	-
* PNC Money Market Fund Fund #417	Money Market Fund	-	1,029,332	1,029,332	1,029,332	-
* PNC Money Market Fund Fund #431	Money Market Fund	1,297,074	-	1,297,074	1,297,074	-
* PNC Money Market Fund Fund #431	Money Market Fund	-	1,791,029	1,791,029	1,791,029	-
* Brown Advisory Hedged US Equity Mgrs Sub-Class G	Investment Fund	2,000,000	-	2,000,000	2,000,000	-

There were no category (ii), or (iv) reportable transactions during the year ended December 31, 2015.
Columns (e) and (f) are not applicable.

* Party-In-Interest.

(See Independent Auditors' Report)

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). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 1.5em; 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		01/01/2015	and ending
		12/31/2015	
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 DFE (specify) _____	
	☒ a single-employer plan;		
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 Riggs, Counselman, Michaels & Downes, Inc. Defined Benefit Pension Plan and Trust	1b Three-digit plan number (PN) ►	001	
	1c Effective date of plan 07/01/1956		
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) Riggs, Counselman, Michaels & Downes, Inc. 555 Fairmount Avenue Towson MD 21286-5497	2b Employer Identification Number (EIN) 52-0555835	2c Plan Sponsor's telephone number (410) 339-7263	2d Business code (see instructions) 524210

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			Edward X. Brennan
	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

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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	5 325
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) 102
a(2) Total number of active participants at the end of the plan year	6a(2) 92
b Retired or separated participants receiving benefits	6b 67
c Other retired or separated participants entitled to future benefits.....	6c 99
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 258
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 10
f Total. Add lines 6d and 6e.	6f 268
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1 I	
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)

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 _____