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), 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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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
FIRST CO. 401 K RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1970

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
FIRST CO.

PO BOX 180849
DALLAS, TX 75218-0849

2b Employer Identification Number (EIN)
75-1232784

2c Sponsor's telephone number
214-388-5751

2d Business code (see instructions)
333410

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/21/2010	JAMES H. NATION
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
FIRST CO.

PO BOX 180849
DALLAS, TX 75218-0849

3b Administrator's EIN
75-1232784

3c Administrator's telephone number
214-388-5751

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**	348
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	275
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	26
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	302
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	302
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	299
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	11
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 Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D 3F

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
FIRST CO. 401 K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRST CO.

D Employer Identification Number (EIN)
75-1232784

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

THE VANGUARD GROUP, INC

23-1945930

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52	NONE	16942	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
FIRST CO. 401 K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FIRST CO.

D Employer Identification Number (EIN)
75-1232784

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD RETIREMENT SAVINGS TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
23-2186884-022	C	5555652

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

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a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
FIRST CO. 401 K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRST CO.

D Employer Identification Number (EIN)
75-1232784

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	891238	751414
(9) Value of interest in common/collective trusts	1c(9)	5083265	5555652
(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)	8963768	10920287
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	14938271	17227353
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	14938271	17227353

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)	327595	
	(B) Participants	2a(1)(B)	545854	
	(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)		873449
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	42795	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		42795
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	224116	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		224116
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		156846
(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)		1751493
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3048699
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	745210	
(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)		745210
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)		
(4) Other	2i(4)	14407	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		14407
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		759617
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2289082
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) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: VIVIANO AND ASSOCIATES, CPA (2) EIN: 75-2794910

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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)

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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
FIRST CO. 401 K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRST CO.

D Employer Identification Number (EIN)
75-1232784

Part I Distributions

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

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

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

EIN(s): 23-2186884

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

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

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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 **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 providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). 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 items 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 items 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 items 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 items 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 items 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 items 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 items 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 item 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 items (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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

VIVIANO
AND ASSOCIATES, CPAS

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
First Co. 401(k) Retirement Plan

We were engaged to audit the financial statements of First Co. 401(k) Retirement Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental schedules as of and for the year ended December 31, 2009 as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

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 3, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express and opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and 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.

Viviano & Associates, P.C.

Dallas, Texas
June 23, 2010

FIRST CO. 401(k) RETIREMENT PLAN

Annual Plan-level Financial Reporting Package for the
years ended December 31, 2009 and 2008

Includes information required for Form 5500
for the year ended December 31, 2009

Plan 093517

VIVIANO
AND ASSOCIATES, CPAS

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
First Co. 401(k) Retirement Plan

We were engaged to audit the financial statements of First Co. 401(k) Retirement Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental schedules as of and for the year ended December 31, 2009 as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

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Because of the significance of the information that we did not audit, we are unable to, and do not, express and opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and 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.

Viviano & Associates, P.C.

Dallas, Texas
June 23, 2010

First Co. 401(k) Retirement Plan

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Supplementary Financial Information

Statement of Changes in Net Assets Available for Benefits by Investment Fund	8 - 12

Form 5500 Information*

Schedule of Assets Held for Investment Purposes at End of Year – Attachment for Schedule H, Line 4i

Schedule of Reportable Transactions – Attachment for Schedule H, Line 4j**

*Other supplemental schedules required by Section 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

**Transactions or a series of transactions in excess of 5% of the current value of the Plan's assets as of the beginning of the plan year as defined in section 2520.103-6 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

FIRST CO. 401(K) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	2008
Investments, at fair value		
Registered investment companies	$ 10,920,287	$ 8,963,768
Investments, at contract value		
Vanguard Retirement Savings Trust	5,555,652	5,083,265
Loan fund	751,414	891,238
TOTAL ASSETS	$ 17,227,353	$ 14,938,271
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 17,227,353	$ 14,938,271

See accompanying notes.

FIRST CO. 401(K) RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2009

ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Interest and dividend income, investments	$	380,962
Interest income, participant loans		42,795
Net appreciation (depreciation) in fair value of investments		1,751,493
		2,175,250
Contributions:		
Employer		327,595
Participant		545,854
		873,449
TOTAL ADDITIONS		3,048,699
DEDUCTIONS		
Deductions from net assets attributed to:		
Payments of benefits		745,210
Adminstration expenses		14,407
TOTAL DEDUCTIONS		759,617
NET INCREASE (DECREASE)		2,289,082
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		14,938,271
END OF YEAR	$	17,227,353

See accompanying notes.

NOTE 1 - DESCRIPTION OF PLAN

The following description of First Co. (the Company) 401(k) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a safe harbor defined contribution plan covering all full-time employees of the Company who have performed six months of service and are at least 18 years of age. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, eligible employees may contribute pretax annual compensation, not to exceed the maximum permitted by law. Participants may also contribute distributions from other qualified plans. The Company makes matching contributions in an amount equal to employee elective deferrals that do not exceed 6% of participant compensation for the plan year. Participants direct the investment of their contributions into various investment options defined by the Plan. The Plan currently offers approximately twenty mutual funds and a retirement savings trust.

Participant Accounts

Each participant's account is credited with the participant's contribution and the related matching contribution (funded monthly), and allocations of plan earnings, and charged with administrative expenses, as defined by the plan. Allocations of plan earnings are based on actual results of individual participant investment balances, as electively designated, and certified by the trustee. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are 100% vested in their elective deferrals, rollover contributions and matching contributions, plus actual earnings thereon. Vesting in the remaining account balance is based on years of service. A participant is 100% vested after six years.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Participant Loans

Active participants may borrow from their investment accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at the Prime Rate, as published by the Wall Street Journal. Loan repayments are made monthly by payroll deductions.

Payment of Benefits

On termination of service, a participant is eligible to receive a lump sum distribution of an amount equal to the value of the participant's vested interest in his or her account. For termination of service due to death or disability, the participant will be entitled to 100% of his or her account balance. Hardship distributions are allowed in certain circumstances as defined in the Plan.

Forfeited Accounts

Participants who are not 100% vested, and who receive a distribution of profit sharing contributions or other amounts subject to vesting provisions, are deemed to have forfeited their non-vested benefit. If a participant returns to work for the Company before five consecutive one year breaks in service, they may recapture the forfeited benefit, provided they repay the distribution received. Forfeitures may be applied first to payment of plan administrative expenses, and any remaining forfeitures are allocated to the remaining plan participants based on plan provisions.

Administrative Fees

The Company pays certain Plan related fees and expenses. However, to offset recordkeeping expenses incurred by the Company, individual participant accounts are charged $10 per quarter. Participants are also charged fees for loan initiation and maintenance.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Plan Termination

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the plan subject to the provisions of ERISA. In the event of Plan termination, participants' will become 100% vested in their accounts.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. Units of the Retirement Savings Trust are valued at net asset value at year-end, which approximates fair value. Participant loans are valued at cost, which approximates fair value.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

Contributions

Contributions are recorded on the accrual basis.

Payment of Benefits

Benefits are recorded when paid.

NOTE 3 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

	2009	2008
Investments, at fair value:		
Registered investment companies	$10,920,287	$ 8,963,768
Investments, at contract value:		
Retirement savings trust	5,555,652	5,083,265
Loan fund	751,414	891,238
	$17,227,353	$14,938,271
Investment income (loss)	2,175,250	(3,627,511)
Payments of benefits	745,210	266,629
Administrative fees	14,407	15,450

NOTE 4 - INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets:

	2009	2008
Vanguard Retirement Svgs Trust	$ 5,555,652	$ 5,083,265
Vanguard Equity Income Fund	1,646,780	1,446,560
Vanguard International Growth Fund	1,037,795	800,104
Vanguard Primecap Fund	2,143,354	1,476,221
Vanguard Target Retirement 2010	880,216	849,683
Vanguard Total Bond Market Index	1,210,186	905,896
Loan Fund	<5%	891,238

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated by $1,751,493.

NOTE 5 - RELATED PARTY TRANSACTIONS

The Plan invests in shares of mutual funds managed by an affiliate of Vanguard Fiduciary Trust Company ("VFTC"). VFTC acts as trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

NOTE 6 - TAX STATUS

The Internal Revenue Service has determined by a letter dated March 31, 2008 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Company uses a prototype plan and trust sponsored by the Vanguard Fiduciary Trust Company. Although the plan has been amended since receiving the determination letter, the Plan administrator and tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE 7 - RISKS AND UNCERTAINTIES

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

NOTE 8- SUBSEQUENT EVENTS

The Plan has evaluated subsequent events up and through the date which the financial statements were available to be issued, which was July 7, 2010. No material subsequent events have occurred which would require adjustment to or disclosure in the financial statements.

Supplemental Information

FIRST CO. 401(k) RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits by Investment Fund

The allocation of changes in net assets available for plan benefits for the year ended **December 31, 2009** is as follows:

	PARTICIPANT DIRECTED				
	Vanguard 500 Index Fund Investor Shares	Vanguard Equity Income Fund Investor Shares	Vanguard Explorer Fund Investor Shares	Vanguard Extended Market Index Fund Investor Shares	Vanguard International Growth Fund Investor Shares
Additions					
Investment income:					
Interest and dividend income, investments	$ 15,489.22	$ 45,903.11	$ 254.81	$ 700.22	$ 17,026.44
Interest income, participant loans	-	-	-	-	-
Net realized gain (loss) on sale of investments	7,705.60	(41,507.95)	(12.08)	(13,771.72)	(18,742.40)
Net unrealized appreciation of investments	139,248.55	186,101.23	30,258.91	18,411.57	248,072.70
	162,443.37	190,496.39	30,501.64	5,340.07	246,356.74
Contributions:					
Employer	11,857.58	20,773.90	5,514.97	1,132.00	18,377.10
Participant	21,005.35	38,323.65	10,436.00	2,280.00	35,759.45
Participant loan repayments	19,675.93	47,493.47	34.68	-	24,868.61
	52,538.86	106,591.02	15,985.65	3,412.00	79,005.16
Total additions	214,982.23	297,087.41	46,487.29	8,752.07	325,361.90
Deductions					
Payment of benefits	5,867.60	4,424.55	1,363.34	-	5,991.73
Participant loan withdrawals	7,470.67	23,401.94	1,052.38	-	9,040.27
Other deductions	402.55	799.38	59.91	30.45	491.30
Total deductions	13,740.82	28,625.87	2,475.63	30.45	15,523.30
Net increase (decrease) prior to interfund transfers	201,241.41	268,461.54	44,011.66	8,721.62	309,838.60
Interfund transfers	(70,568.41)	(68,241.45)	33,437.58	(50,604.06)	(72,146.98)
Net increase (decrease)	130,673.00	200,220.09	77,449.24	(41,882.44)	237,691.62
Net assets available for plan benefits:					
Beginning of period	613,147.53	1,446,560.41	74,931.40	113,341.43	800,103.92
End of period	$ 743,820.53	$ 1,646,780.50	$ 152,380.64	$ 71,458.99	$ 1,037,795.54

FIRST CO. 401(k) RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits by Investment Fund (Continued)

The allocation of changes in net assets available for plan benefits for the year ended **December 31, 2009** is as follows (Continued):

	PARTICIPANT DIRECTED				
	Vanguard Mid-Cap Index Fund Investor Shares	Vanguard PRIMECAP Fund Investor Shares	Vanguard Prime Money Market Fund	Vanguard Small-Cap Index Fund Investor Shares	Vanguard Target Retirement 2005 Fund
Additions					
Investment income:					
Interest and dividend income, investments	$ 4,707.52	$ 15,895.07	$ 1.97	$ 2,753.66	$ 6,032.74
Interest income, participant loans	-	-	-	-	-
Net realized gain (loss) on sale of investments	(24,106.47)	52.17	-	(865.13)	2.80
Net unrealized appreciation of investments	103,240.48	519,728.70	-	52,924.33	27,871.26
	83,841.53	535,675.94	1.97	54,812.86	33,906.80
Contributions:					
Employer	7,261.15	30,454.65	-	5,381.65	1,020.00
Participant	17,510.00	53,768.55	-	11,041.00	1,020.00
Participant loan repayments	2,457.70	37,890.51	-	604.91	1,409.13
	27,228.85	122,113.71	-	17,027.56	3,449.13
Total additions	111,070.38	657,789.65	1.97	71,840.42	37,355.93
Deductions					
Payment of benefits	-	10,833.72	-	226.55	-
Participant loan withdrawals	471.66	13,427.84	-	2,850.62	-
Other deductions	71.37	800.24	10.00	49.48	54.74
Total deductions	543.03	25,061.80	10.00	3,126.65	54.74
Net increase (decrease) prior to interfund transfers	110,527.35	632,727.85	(8.03)	68,713.77	37,301.19
Interfund transfers	(107,911.05)	34,405.25	5,751.77	31,602.89	-
Net increase (decrease)	2,616.30	667,133.10	5,743.74	100,316.66	37,301.19
Net assets available for plan benefits:					
Beginning of period	429,343.30	1,476,220.66	-	181,308.54	207,840.70
End of period	$ 431,959.60	$ 2,143,353.76	$ 5,743.74	$ 281,625.20	$ 245,141.89

FIRST CO. 401(k) RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits by Investment Fund (Continued)

The allocation of changes in net assets available for plan benefits for the year ended **December 31, 2009** is as follows (Continued):

	PARTICIPANT DIRECTED				
	Vanguard Target Retirement 2010 Fund	Vanguard Target Retirement 2015 Fund	Vanguard Target Retirement 2020 Fund	Vanguard Target Retirement 2025 Fund	Vanguard Target Retirement 2030 Fund
Additions					
Investment income:					
Interest and dividend income, investments	$ 20,735.77	$ 16,887.33	$ 3,467.77	$ 5,833.64	$ 3,741.94
Interest income, participant loans	-	-	-	-	-
Net realized gain (loss) on sale of investments	10,389.17	2,347.96	250.42	1,326.08	1,276.82
Net unrealized appreciation of investments	121,916.55	105,023.18	24,201.90	42,726.45	32,410.24
	153,041.49	124,258.47	27,920.09	49,886.17	37,429.00
Contributions:					
Employer	2,821.00	17,386.00	14,799.00	19,955.25	16,068.00
Participant	5,410.00	23,352.00	17,768.00	29,498.00	18,215.00
Participant loan repayments	404.79	11,770.96	13,654.81	23,740.51	24,436.58
	8,635.79	52,508.96	46,221.81	73,193.76	58,719.58
Total additions	161,677.28	176,767.43	74,141.90	123,079.93	96,148.58
Deductions					
Payment of benefits	40,264.03	44,459.88	2,790.82	35,247.79	12,587.74
Participant loan withdrawals	15,885.65	13,706.00	3,978.72	22,950.24	22,463.24
Other deductions	104.16	438.38	417.14	849.94	899.91
Total deductions	56,253.84	58,604.26	7,186.68	59,047.97	35,950.89
Net increase (decrease) prior to interfund transfers	105,423.44	118,163.17	66,955.22	64,031.96	60,197.69
Interfund transfers	(74,890.12)	(5,062.96)	(4,319.46)	-	-
Net increase (decrease)	30,533.32	113,100.21	62,635.76	64,031.96	60,197.69
Net assets available for plan benefits:					
Beginning of period	849,682.95	595,696.93	98,119.88	203,810.48	130,709.17
End of period	$ 880,216.27	$ 708,797.14	$ 160,755.64	$ 267,842.44	$ 190,906.86

FIRST CO. 401(k) RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits by Investment Fund (Continued)

The allocation of changes in net assets available for plan benefits for the year ended **December 31, 2009** is as follows (Continued):

	PARTICIPANT DIRECTED				
	Vanguard Target Retirement 2035 Fund	Vanguard Target Retirement 2040 Fund	Vanguard Target Retirement 2045 Fund	Vanguard Target Retirement 2050 Fund	Vanguard Target Retirement Income
Additions					
Investment income:					
Interest and dividend income, investments	$ 2,695.36	$ 5,070.70	$ 1,872.05	$ 588.85	$ 39.56
Interest income, participant loans	-	-	-	-	-
Net realized gain (loss) on sale of investments	1,565.86	4,126.55	2,586.99	578.59	0.20
Net unrealized appreciation of investments	23,779.58	48,462.54	16,912.81	5,484.59	153.84
	28,040.80	57,659.79	21,371.85	6,652.03	193.60
Contributions:					
Employer	12,008.00	21,572.00	10,994.00	3,929.00	-
Participant	13,560.00	29,734.00	13,070.00	4,425.00	-
Participant loan repayments	24,044.43	29,646.37	5,781.49	2,040.06	-
	49,612.43	80,952.37	29,845.49	10,394.06	-
Total additions	77,653.23	138,612.16	51,217.34	17,046.09	193.60
Deductions					
Payment of benefits	35,748.58	29,878.87	11,928.64	348.62	-
Participant loan withdrawals	24,118.65	35,422.52	5,398.27	3,067.13	-
Other deductions	882.55	1,350.00	868.01	308.13	5.89
Total deductions	60,749.78	66,651.39	18,194.92	3,723.88	5.89
Net increase (decrease) prior to interfund transfers	16,903.45	71,960.77	33,022.42	13,322.21	187.71
Interfund transfers	-	2,042.53	-	-	-
Net increase (decrease)	16,903.45	74,003.30	33,022.42	13,322.21	187.71
Net assets available for plan benefits:					
Beginning of period	117,366.44	193,517.48	60,306.24	17,592.36	1,360.05
End of period	$ 134,269.89	$ 267,520.78	$ 93,328.66	$ 30,914.57	$ 1,547.76

FIRST CO. 401(k) RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits by Investment Fund (Continued)

The allocation of changes in net assets available for plan benefits for the year ended **December 31, 2009** is as follows (Continued):

	PARTICIPANT DIRECTED				
	Vanguard Total Bond Market Index Fund Investor Shares	Vanguard Windsor II Fund Investor Shares	Vanguard Retirement Savings Trust	Loan Fund	Total
Additions					
Investment income:					
Interest and dividend income, investments	$ 47,656.33	$ 6,761.83	$ 156,846.09	$ -	$ 380,961.98
Interest income, participant loans	-	-	-	42,795.48	42,795.48
Net realized gain (loss) on sale of investments	8,780.76	10,661.94	-	-	(47,353.84)
Net unrealized appreciation of investments	14,446.89	37,471.76	-	-	1,798,848.06
	70,883.98	54,895.53	156,846.09	42,795.48	2,175,251.68
Contributions:					
Employer	28,382.20	8,243.75	69,663.80	-	327,595.00
Participant	55,711.00	20,375.00	123,592.00	-	545,854.00
Participant loan repayments	11,241.22	2,948.87	140,096.60	(424,241.63)	-
	95,334.42	31,567.62	333,352.40	(424,241.63)	873,449.00
Total additions	166,218.40	86,463.15	490,198.49	(381,446.15)	3,048,700.68
Deductions					
Payment of benefits	123,132.01	-	293,814.98	86,300.96	745,210.41
Participant loan withdrawals	-	-	123,217.23	(327,923.03)	-
Other deductions	229.82	89.08	5,194.53	-	14,406.96
Total deductions	123,361.83	89.08	422,226.74	(241,622.07)	759,617.37
Net increase (decrease) prior to interfund transfers	42,856.57	86,374.07	67,971.75	(139,824.08)	2,289,083.31
Interfund transfers	261,433.76	(319,345.62)	404,416.33	-	-
Net increase (decrease)	304,290.33	(232,971.55)	472,388.08	(139,824.08)	2,289,083.31
Net assets available for plan benefits:					
Beginning of period	905,895.55	446,912.63	5,083,264.40	891,238.26	14,938,270.71
End of period	$ 1,210,185.88	$ 213,941.08	$ 5,555,652.48	$ 751,414.18	$ 17,227,354.02

Additional Information Required for Form 5500

FIRST CO. 401(k) RETIREMENT PLAN

Schedule I

Schedule of Assets Held for Investment Purposes at End of Year - Attachment for Schedule H, Line 4i
As of December 31, 2009

First Co. 401(k) Retirement Plan

EIN 75-1232784, PN 001

	Identity of Issue	Investment Type	Cost	Current Value
*	Vanguard 500 Index Inv	Registered Investment Company	$ 771,397.25	$ 743,820.53
*	Vanguard Equity Income Inv	Registered Investment Company	1,956,936.07	1,646,780.50
*	Vanguard Explorer Fund Inv	Registered Investment Company	167,159.54	152,380.64
*	Vanguard Extend Mkt Index Inv	Registered Investment Company	68,829.21	71,458.99
*	Vanguard Int'l Growth Fund Inv	Registered Investment Company	1,093,217.51	1,037,795.54
*	Vanguard Mid-Cap Index Fd Inv	Registered Investment Company	404,555.76	431,959.60
*	Vanguard PRIMECAP Fund Inv	Registered Investment Company	2,013,813.12	2,143,353.76
*	Vanguard Prime Money Mkt	Registered Investment Company	5,743.74	5,743.74
*	Vanguard Sm-Cap Index Inv	Registered Investment Company	272,069.57	281,625.20
*	Vanguard Tgt Retirement 2005	Registered Investment Company	269,774.63	245,141.89
*	Vanguard Tgt Retirement 2010	Registered Investment Company	999,541.72	880,216.27
*	Vanguard Tgt Retirement 2015	Registered Investment Company	791,449.22	708,797.14
*	Vanguard Tgt Retirement 2020	Registered Investment Company	168,014.49	160,755.64
*	Vanguard Tgt Retirement 2025	Registered Investment Company	285,030.69	267,842.44
*	Vanguard Tgt Retirement 2030	Registered Investment Company	203,851.89	190,906.86
*	Vanguard Tgt Retirement 2035	Registered Investment Company	145,623.02	134,269.89
*	Vanguard Tgt Retirement 2040	Registered Investment Company	284,098.14	267,520.78
*	Vanguard Tgt Retirement 2045	Registered Investment Company	99,192.72	93,328.66
*	Vanguard Tgt Retirement 2050	Registered Investment Company	32,201.71	30,914.57
*	Vanguard Target Retirement Inc	Registered Investment Company	1,611.66	1,547.76

* Party in Interest

FIRST CO. 401(k) RETIREMENT PLAN

Schedule I

Schedule of Assets Held for Investment Purposes at End of Year - Attachment for Schedule H, Line 4i (Continued)
As of December 31, 2009

First Co. 401(k) Retirement Plan

EIN 75-1232784, PN 001

	Identity of Issue	Investment Type	Cost	Current Value
*	Vanguard Total Bd Mkt Indx Inv	Registered Investment Company	1,185,234.59	1,210,185.88
*	Vanguard Windsor II Fund Inv	Registered Investment Company	267,082.06	213,941.08
*	Vanguard Retirement Savings Trust **	Common/Collective Trust	5,555,652.48	5,555,652.48
*	Loan Fund	3.25% - 8.25%	751,414.18	751,414.18
Total assets held for investment purposes			$ 17,793,494.97	$ 17,227,354.02

* Party in Interest
**Contract Value

FIRST CO. 401(k) RETIREMENT PLAN

Schedule II

Schedule of Reportable Transactions - Attachment for Schedule H, Line 4j
Year Ended December 31, 2009

First Co. 401(k) Retirement Plan

EIN 75-1232784, PN 001

Identity of Party Involved	Description of Asset (include interest rate and maturity in the case of a loan)	Purchase Price	Selling Price	Historical Cost of Asset	Current Value of Asset on Transaction Date	Historical Gain (Loss)
Vanguard	Vanguard Total Bd Mkt Indx Inv	$ 673,377.80	-		$ 673,377.80	
Vanguard	Vanguard Total Bd Mkt Indx Inv		$ 392,315.12	$ 382,826.40	392,315.12	$ 9,488.72
Vanguard	Vanguard Retire Savings Trust	1,027,904.77			1,027,904.77	
Vanguard	Vanguard Retire Savings Trust		555,516.69	555,516.69	555,516.69	-

FIRST CO. 401(k) RETIREMENT PLAN

Schedule I

Schedule of Assets Held for Investment Purposes at End of Year - Attachment for Schedule H, Line 4i
As of December 31, 2009

First Co. 401(k) Retirement Plan

EIN 75-1232784, PN 001

	Identity of Issue	Investment Type	Cost	Current Value
*	Vanguard 500 Index Inv	Registered Investment Company	$ 771,397.25	$ 743,820.53
*	Vanguard Equity Income Inv	Registered Investment Company	1,956,936.07	1,646,780.50
*	Vanguard Explorer Fund Inv	Registered Investment Company	167,159.54	152,380.64
*	Vanguard Extend Mkt Index Inv	Registered Investment Company	68,829.21	71,458.99
*	Vanguard Int'l Growth Fund Inv	Registered Investment Company	1,093,217.51	1,037,795.54
*	Vanguard Mid-Cap Index Fd Inv	Registered Investment Company	404,555.76	431,959.60
*	Vanguard PRIMECAP Fund Inv	Registered Investment Company	2,013,813.12	2,143,353.76
*	Vanguard Prime Money Mkt	Registered Investment Company	5,743.74	5,743.74
*	Vanguard Sm-Cap Index Inv	Registered Investment Company	272,069.57	281,625.20
*	Vanguard Tgt Retirement 2005	Registered Investment Company	269,774.63	245,141.89
*	Vanguard Tgt Retirement 2010	Registered Investment Company	999,541.72	880,216.27
*	Vanguard Tgt Retirement 2015	Registered Investment Company	791,449.22	708,797.14
*	Vanguard Tgt Retirement 2020	Registered Investment Company	168,014.49	160,755.64
*	Vanguard Tgt Retirement 2025	Registered Investment Company	285,030.69	267,842.44
*	Vanguard Tgt Retirement 2030	Registered Investment Company	203,851.89	190,906.86
*	Vanguard Tgt Retirement 2035	Registered Investment Company	145,623.02	134,269.89
*	Vanguard Tgt Retirement 2040	Registered Investment Company	284,098.14	267,520.78
*	Vanguard Tgt Retirement 2045	Registered Investment Company	99,192.72	93,328.66
*	Vanguard Tgt Retirement 2050	Registered Investment Company	32,201.71	30,914.57
*	Vanguard Target Retirement Inc	Registered Investment Company	1,611.66	1,547.76

* Party in Interest

FIRST CO. 401(k) RETIREMENT PLAN

Schedule I

Schedule of Assets Held for Investment Purposes at End of Year - Attachment for Schedule H, Line 4i (Continued)
As of December 31, 2009

First Co. 401(k) Retirement Plan

EIN 75-1232784, PN 001

	Identity of Issue	Investment Type	Cost	Current Value
*	Vanguard Total Bd Mkt Indx Inv	Registered Investment Company	1,185,234.59	1,210,185.88
*	Vanguard Windsor II Fund Inv	Registered Investment Company	267,082.06	213,941.08
*	Vanguard Retirement Savings Trust **	Common/Collective Trust	5,555,652.48	5,555,652.48
*	Loan Fund	3.25% - 8.25%	751,414.18	751,414.18
Total assets held for investment purposes			$ 17,793,494.97	$ 17,227,354.02

* Party in Interest
**Contract Value