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 10/01/2009 and ending 09/30/2010

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:
- [X] 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 COMMAND FINANCIAL PLANNING, INC. 401(K)-EMPLOYEE STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/05/1964

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

1 FIRSTCOMM PLAZA
FORT WORTH, TX 76109-4978

2b Employer Identification Number (EIN)
75-1054341

2c Sponsor's telephone number
817-569-2497

2d Business code (see instructions)
523120

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.	05/03/2011	DOUGLAS WORRELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/03/2011	DOUGLAS WORRELL
	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 COMMAND FINANCIAL PLANNING, INC.

1 FIRSTCOMM PLAZA
FORT WORTH, TX 76109-4978

3b Administrator's EIN
75-1054341

3c Administrator's telephone number
817-569-2497

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**	630
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**	660
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	76
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	737
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	738
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	676
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	87
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 2H 2I 2J 2O 2Q 3I

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)		**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 10/01/2009 and ending 09/30/2010

A Name of plan
FIRST COMMAND FINANCIAL PLANNING, INC. 401(K)-EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRST COMMAND FINANCIAL PLANNING, INC.

D Employer Identification Number (EIN)
75-1054341

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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	4214	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

RELIANCE TRUST CO

58-1428634

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	4927	Yes [ ] No [X]	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

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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)

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 10/01/2009 and ending 09/30/2010

A Name of plan
FIRST COMMAND FINANCIAL PLANNING, INC. 401(K)-EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRST COMMAND FINANCIAL PLANNING, INC.

D Employer Identification Number (EIN)
75-1054341

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	24765	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4643822	5155107
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	1273	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1173286	107671
(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)	115663	134815
(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)	19376288	24726747
(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)	25331988	37111988
	(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	50667085	67236328
	Liabilities			
g	Benefit claims payable	1g	3211738	4894629
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	2777	42699
k	Total liabilities (add all amounts in lines 1g through1j)	1k	3214515	4937328
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	47452570	62299000

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)	5155107	
	(B) Participants	2a(1)(B)	1778070	
	(C) Others (including rollovers)	2a(1)(C)	17693	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6950870
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2868	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	4835	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7703
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	315758	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		315758
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(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)	0	
	(B) Other	2b(5)(B)	11780000	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		11780000
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1711788
c	Other income	2c		0
d	Total income. Add all **income** amounts in column (b) and enter total	2d		20766119
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5878828	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5878828
f	Corrective distributions (see instructions)	2f		32110
g	Certain deemed distributions of participant loans (see instructions)	2g		0
h	Interest expense	2h		0
i	Administrative expenses: (1) Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	9141	
	(3) Investment advisory and management fees	2i(3)	0	
	(4) Other	2i(4)	-390	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		8751
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5919689
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		14846430
l	Transfers of assets:			
	(1) To this plan	2l(1)		0
	(2) From this plan	2l(2)		0

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: HINCKLEY COOK PC **(2)** EIN: 75-2799562

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	0
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	0
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	0
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	0
e	Was this plan covered by a fidelity bond?	**4e**	X		1000000
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 10/01/2009 and ending 09/30/2010

A Name of plan
FIRST COMMAND FINANCIAL PLANNING, INC. 401(K)-EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRST COMMAND FINANCIAL PLANNING, INC.

D Employer Identification Number (EIN)
75-1054341

Part I Distributions

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

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

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

EIN(s): 41-2112888

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):

FIRST COMMAND FINANCIAL PLANNING, INC.
401(k) - EMPLOYEE STOCK OWNERSHIP PLAN

Financial Statements as of
September 30, 2010 and 2009,
and for the year ended September 30, 2010
with Independent Auditors' Report thereon

FIRST COMMAND FINANCIAL PLANNING, INC.
401(k) - EMPLOYEE STOCK OWNERSHIP PLAN

Financial Statements as of September 30. 2010 and 2009,
and for the year ended September 30, 2010,
and Independent Auditors' Report

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT	1
AUDITED FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4 - 17
SUPPLEMENTAL SCHEDULE	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	18 - 19

Hinckley Cook P.C.

Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the Trustee
First Command Financial Planning, Inc. 401(k) - Employee Stock Ownership Plan:

We were engaged to audit the financial statements of First Command Financial Planning, Inc. 401(k) - Employee Stock Ownership Plan (Plan) as of September 30, 2010 and 2009 and for the year ended September 30, 2010 and the supplemental schedule as of and for the year ended September 30, 2010 as listed in the accompanying index. These financial statements and schedule 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 8, which was certified by Principal Trust Company or Reliance Trust Company, the custodians of the 401(k) profit sharing portion of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodian holds the 401(k) profit sharing portion of Plan investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodians as of and for the years ended September 30, 2010 and 2009, that the information provided to the plan administrator by the 401(k) profit sharing custodians is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Hinckley Cook P.C.

Arlington, Texas
May 2, 2011

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FIRST COMMAND FINANCIAL PLANNING, INC.
401(k) - EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
September 30, 2010 and 2009

	2010	2009
ASSETS:		
Investments:		
Common stock of First Command Financial Services, Inc. at estimated fair value	$ 37,111,988	$ 25,331,988
Registered investment companies, at fair value	23,154,806	19,376,288
Cash and cash equivalents	1,679,612	1,198,051
Receivables:		
Employer's contribution	5,155,107	4,643,822
Due from broker for securities sold	-	1,273
Participant loans	134,815	115,663
TOTAL ASSETS	67,236,328	50,667,085
LIABILITIES:		
Due to brokers for securities purchased	-	1,658
Excess contributions payable	31,355	1,119
Corrective distributions payable	11,344	-
TOTAL LIABILITIES	42,699	2,777
NET ASSETS AVAILABLE FOR BENEFITS	$ 67,193,629	$ 50,664,308

See accompanying notes.

FIRST COMMAND FINANCIAL PLANNING, INC.
401(k) – EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended September 30, 2010

ADDITIONS		
Additions to net assets attributed to:		
Investment Income:		
Net appreciation (depreciation) in estimated fair value of investment in common stock	$	11,780,000
Net appreciation (depreciation) in fair value of investments in registered investment companies		1,711,788
Dividends		315,758
Interest		7,703
Contributions:		
Employer's		5,155,107
Participants'		1,778,070
Rollovers		17,693
TOTAL ADDITIONS		20,766,119
DEDUCTIONS		
Deductions from net assets attributed to:		
Participant withdrawals		4,195,937
Corrective distributions		32,110
Administrative expenses		8,751
TOTAL DEDUCTIONS		4,236,798
NET INCREASE (DECREASE)		16,529,321
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING		50,664,308
NET ASSETS AVAILABLE FOR BENEFITS, ENDING	$	67,193,629

See accompanying notes.

FIRST COMMAND FINANCIAL PLANNING, INC.
401(k) - EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO FINANCIAL STATEMENTS
September 30, 2010 and 2009

NOTE 1 - PLAN DESCRIPTION AND BASIS OF PRESENTATION

The following brief description of the First Command Financial Planning, Inc. 401(k) - Employee Stock Ownership Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Agreement for complete information.

First Command Financial Planning, Inc. (Company) established the Plan effective as of November 5, 1964. The Plan is designed to comply with Section 401 (a) of the Internal Revenue Code (Code) and the Trust associated with the Plan is intended to be exempt from tax under Section 501 (a) of the Code. A portion of the Plan is intended to be a stock bonus plan qualified under Section 401 (a) of the Code and a 401(k) Employee Stock Ownership Plan that meets the requirements of Section 4975 (e) (7) and Section 54.4975-11 of the Regulations of the Internal Revenue Code and the other portion of the Plan is intended to be a profit sharing plan. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). An independent third-party serves as Trustee and has exclusive authority and discretion to manage and control the assets of the ESOP, except to the extent the Plan document expressly provides that the Trustee is subject to the direction of the ESOP Committee. The ESOP Committee consists of officers or other employees who serve at the request of the board of directors of the Company. The Plan is administered by a Plan Administrator appointed by the Advisory Committee.

The profit sharing portion of the Plan is held in a self-administered trust wherein the Trustees, who are officers of the Company appointed by the Board of Directors, act as administrators. The custodian of those assets is a trust company appointed by the Plan Trustees.

The Plan purchased common shares of First Command Financial Services, Inc. (FCFS), parent of the Company, using the participants' proceeds from transferring funds from the Company's Profit Sharing Plan. Accordingly, the shares in the Plan were all allocated to participants' accounts as of September 30, 2003.

Merger and Plan Amendment

Effective September 30, 2006, First Command Financial Planning, Inc. which sponsor's both this plan, the "First Command Financial Planning, Inc. Employee Stock Ownership Plan" (the ESOP), and the former "First Command Financial Planning, Inc Profit Sharing Plan" (the Profit Sharing Plan), merged the Profit Sharing Plan into the ESOP in accordance with Internal Revenue Code Sections 401(a) (12), and 414(l) and Section 208 of ERISA. The name of the ESOP was changed simultaneously to the First Command Financial Planning, Inc. 401(k) - Employee Stock Ownership Plan. Under the terms of the merger, each participant in the Profit Sharing Plan and the ESOP would receive a benefit immediately after the merger which is equal to the benefit he or she would have been entitled to receive immediately before the merger. Additionally, the ESOP plan was amended to accept the transfer of all trust assets from the Profit Sharing Trust as of September 30, 2006.

NOTE 1 - PLAN DESCRIPTION AND BASIS OF PRESENTATION (continued)

Amendments were made to the First Command Financial Planning, Inc. 401(k) – Employee Stock Ownership Plan to be effective as of October 1, 2006. The Plan was amended to allow participants to make a separate deferral election under the Plan with respect to any bonus payments that are not currently available as of the time of the deferral election and the eligibility age was lowered from age 21 to age 18. Effective on or after October 1, 2007, an eligible employee shall become a participant for purposes of elective contributions and safe harbor contributions as of the first day of employment. In the event an eligible employee has not completed a salary reduction agreement, effective for the first paycheck issued after July 1, 2009, such eligible employee shall be deemed to have made an election to reduce his or her compensation by 1% for each payroll period and shall be automatically enrolled in the Plan. The automatic contributions deferred shall be pre-tax elective contributions. Effective August 1, 2010, the Plan was amended to permit participants to change their salary reduction elections and investment elections each pay period.

Eligibility

Employees of the Company and its participating subsidiaries, age 18 or older, are generally eligible to participate in the Plan as of the first day of employment for purposes of elective contributions and safe harbor contributions. After one year of service, which is defined as a 12-consecutive month period during which the employee is credited for at least 1,000 hours of service, and after attainment of age 18, an eligible employee shall become a participant for purposes of eligibility to receive allocations of Company contributions allocated to profit sharing accounts and ESOP accounts. Participants who do not have at least 1,000 hours of service during such Plan year or are not employed on the last working day of a Plan year are generally not eligible for an allocation of the Company profit sharing and ESOP contributions for such year.

Payment of Benefits

No distributions from the Plan will be made until a participant retires, dies (in which case, payment shall be made to his or her beneficiary or, if none, his or her legal representatives), becomes permanently disabled or otherwise terminates employment with the Company and its participating subsidiaries. Distributions are made in cash. The value of the account is determined as of the most recent valuation date immediately preceding the date of distribution.

Under the provisions of the Plan, the Company is obligated to repurchase participant shares, which have been distributed under the terms of the Plan as long as the shares are not publicly traded. During fiscal year end September 30, 2010 and September 30, 2009, the Company repurchased from participants 725,158 and 743,861 shares, respectively, at prices determined from independent appraisals. These shares were reallocated to remaining eligible participants at the Plan's year end.

NOTE 1 - PLAN DESCRIPTION AND BASIS OF PRESENTATION (continued)

Contributions

Each year the Company contributes to the Plan an amount of its current profits as determined by the Company's Board of Directors. Employees may contribute voluntarily to the 401(k) component of the Plan. In addition, the Company makes a non-elective contribution to the 401(k) component of the Plan without consideration to the employees' voluntary contributions. Employees' voluntary contributions are subject to certain limitations. Participants direct the investment of their 401(k) contributions into various investment options offered by the Plan. The Plan currently offers 27 mutual funds and a short-term investment fund as investment options for the 401(k) portion of the Plan.

Voting Rights

The ESOP Trustee is authorized by the Plan document to exercise the voting rights attributable to the shares allocated to the accounts held in the Plan.

Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate at any time, subject to Plan provisions. Upon such termination of the Plan, the interest of each participant in the trust fund will be distributed to such participant or his or her beneficiary at the time prescribed by the Plan terms, ERISA, and the Internal Revenue Code. In the event of Plan termination, participants will become 100% vested in their accounts.

Participant Accounts

The Plan is a defined contribution plan under which a separate individual account is established for each participant to account for contributions made by the employer and shares of employer stock allocated to the account. Only those participants who are eligible employees of the Company as of the last day of the Plan year will receive an allocation. Allocations are based on a participant's eligible compensation, relative to total compensation.

Each participant's account is also credited with an allocation of the Company's contribution, investment earnings, including asset appreciation (depreciation) and forfeitures of terminated participants' non-vested accounts. Allocations of earnings are based on participant account balances. Allocations of employer contributions and forfeitures are based on compensation, as defined by the Plan except as it pertains to the 401(k) component of the Plan, where allocations are based on the employee's voluntary contribution. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

NOTE 1 - PLAN DESCRIPTION AND BASIS OF PRESENTATION (continued)

Vesting

For all Plan years beginning on or after October 1, 2006, participants vest according to the following schedule:

Years of Service	Vested Percentage
Less than 2 years	0
2 years	20
3 years	40
4 years	60
5 years	80
6 years or more	100

Voluntary contributions made by employees and qualified non-elective contributions made by the Company are 100 percent vested when made.

Diversification

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in common stock into investments which are more diversified. Participants who are at least age 55 and have at least 10 years of participation in the Plan, including participation in the Company's former profit sharing plan, may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six year period. In each of the first five years, a participant may diversify up to 25% of the number of shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50%. Such diversification is accomplished by allowing the participant to transfer a portion of their ESOP account balance to a participant-directed account invested under various investment options.

Forfeitures

Upon termination of employment by a participant that is not fully vested in the Plan, the non-vested portion of the participant's account balance is allocated to participants in the Plan in the period that the distribution is made. Employer contributions and Plan forfeitures are allocated to each participant's account based upon the relation of the participant's compensation to total compensation for the Plan year. Such allocation is first made to reinstate previously forfeited account balances of former participants. Any remaining forfeitures are used to reduce employer contributions or to pay reasonable Plan expenses. Also, at September 30, 2010 and 2009, employer contributions receivable to the Plan were reduced by $102,220 and $93,912, respectively, from forfeited non-vested accounts.

NOTE 1 - PLAN DESCRIPTION AND BASIS OF PRESENTATION (continued)

Participant Loans

Participants may borrow from their 401(k) fund accounts a minimum of $3,000 up to a maximum of $50,000 reduced by the highest outstanding loan balance in the participant's account during the twelve month period or 50% of their vested account balance, whichever is less. The loans are secured by the vested balance in the participant's account and bear interest at reasonable rates as determined by the Plan Committee based on prevailing rates. Principal and interest is paid ratably on at least a quarterly basis generally over a three-year period through payroll deductions. Participants may only have two loans outstanding at any given time.

Put Option

Under Federal income tax regulations, the employer stock that is held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations, includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair market value of the stock. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review

Subsequent events were evaluated through May 2, 2011, which is the date the financial statements were available to be issued.

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States.

Estimates

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition

The common shares of First Command Financial Services, Inc. (FCFS) are valued at estimated fair value on September 30, 2010 and 2009. Fair value was determined by the independent appraisal firm of Stout, Risius, Ross, Inc. of Chicago, Illinois.

The Plan's investments in registered investment companies are stated at fair value. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Net appreciation or depreciation of investments is reported in the statement of changes in net assets available for benefits and consists of the realized gains or losses on investments bought and sold and the unrealized appreciation or depreciation of these investments.

Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses from security transactions are reported on the average cost method. Interest income is recorded on the accrual basis. Dividend income is accrued on the ex-dividend date.

Operating Expenses

Expenses of maintaining the Plan are paid by the Company.

Payment of Benefits

Benefits are recorded when paid.

Recent Accounting Pronouncements

Fair Value Measurements

The Financial Accounting Standards Board (FASB) issued new guidance providing clarification for existing disclosures related to fair value measurements. The additional disclosures require reporting entities to disclose additional information for activity resulting in changes in the entity's classification of financial instruments classified as Level 1, Level 2 or Level 3. (See Note 3 for further discussion of these classifications.) The additional disclosures will be effective for fiscal years beginning after December 15, 2010. The Plan has not elected early adoption and does not expect a significant impact on the financial statements as a result of adoption.

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of the different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The following tables present fair value measurement information for certain financial instruments. The carrying values of receivables, payables, and cash included in the accompanying statement of net assets available for benefits approximated fair value at September 30, 2010, and are thus not included in the following table.

		Fair Value Measurements at Reporting Date Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
September 30, 2010			
Common stock of FCFS	$ 37,111,988	$ -	$ 37,111,988
Investment in registered investment companies	23,154,806	23,154,806	-
Money market funds *	1,679,612	1,679,612	-
Participant loans	134,815	-	134,815
		$ 24,834,418	$ 37,246,803

		Fair Value Measurements at Reporting Date Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
September 30, 2009			
Common stock of FCFS	$ 25,331,988	$ -	$ 25,331,988
Investment in registered investment companies	19,376,288	19,376,288	-
Money market funds *	1,171,546	1,171,546	-
Participant loans	115,663	-	115,663
		$ 20,547,834	$ 25,447,651

*Money market funds are included in cash and cash equivalents

NOTE 3 - FAIR VALUE MEASUREMENTS (continued)

The fair value measurements accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are based on inputs that are considered unobservable where there is little, if any, market activity for the asset as of the measurement date. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year end.

Level 3 Fair Value Measurements

The common stock of FCFS and participant loans are not actively traded and significant other observable inputs are not available. The fair value of the common stock of FCFS is determined by an annual independent appraisal. This appraisal was based on a combination of the market and income valuation methods. The appraiser took into account historical and projected cash flow and net income, return on assets, return on equity, market comparables, and estimated fair value of company assets and liabilities. The fair value of participant loans approximates the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

	Common Stock	Participant Loans	Total
September 30, 2010:			
Beginning balance	$ 25,331,988	$ 115,663	$ 25,447,651
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	11,780,000	-	11,780,000
Purchases, sales, issuances, and settlements (net)	-	19,152	19,152
Ending balance	$ 37,111,988	$ 134,815	$ 37,246,803

NOTE 3 - FAIR VALUE MEASUREMENTS (continued)

	Common Stock	Participant Loans	Total
September 30, 2009.			
Beginning balance	$ 25,656,996	$ 84,362	$ 25,741,358
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	(325,008)	-	(325,008)
Purchases, sales, issuances, and settlements (net)	-	31,301	31,301
Ending balance	$ 25,331,988	$ 115,663	$ 25,447,651

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended September 30, 2010 and 2009, are reported in net appreciation (depreciation) in estimated fair value of investment in common stock.

NOTE 4 - INVESTMENTS

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

	September 30, 2010		September 30, 2009	
Common stock of FCFS, 6,336,672 shares	$ 37,111,988	*	$ 25,331,988	*
Fidelity Advisor New Insights Fund I, 300,513 shares	5,553,479		3,861,030	
Franklin Templeton World Adv Fund, 261,812 shares	3,660,129		3,406,463	
Columbia Acorn Fund, 132,631 shares	3,596,979		2,930,581	
Principal Money Market Inst. Fund, 1,571,941	1,571,941		-	
Pioneer Cullen Value Y Fund, 79,762 shares	1,352,767		1,174,940	
Franklin Templeton 2015 Target, 107,072 shares	1,151,020		-	

* Non-participant directed

During 2010, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by $13,491,788.

NOTE 5 - TAX STATUS

The Plan obtained its latest determination letter on January 25, 2011, in which the Internal Revenue Service stated that the Plan, as then designed, 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 and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

NOTE 6 - ADMINISTRATION OF PLAN ASSETS AND RELATED PARTY TRANSACTIONS

The Plan's assets which consist principally of First Command Financial Services, Inc. (FCFS) common shares are held by a custodian of the Plan's Trustee. Company contributions are managed by the Trustee, which invests cash received and earnings of the Plan and is responsible for making distributions out of the Plan. An independent third-party trust company holds the assets that are participant-directed.

Securities are offered through Princor Financial Services Corporation and/or independent broker dealers. Securities sold by a Princor Registered Representative are offered through Princor. Princor is a member of the Principal Financial Group. Principal Trust Company, trustee of the Plan, is also a subsidiary of the Principal Financial Group. Therefore, transactions in mutual funds managed by Princor qualify as party-in-interest transactions.

Certain administrative functions are performed by officers or employees of the Company or its subsidiaries. No such officer or employee receives compensation from the Plan. Administrative expenses for the Trustee and recordkeeper fees are paid directly by the Company. The Company made payments of approximately $211,853 and $188,615 during 2010 and 2009, respectively, for administrative fees that will not be reimbursed by the Plan.

NOTE 7 - NONPARTICIPANT-DIRECTED INVESTMENTS

IN COMMON STOCK:
The Plan's nonparticipant-directed investments in First Command Financial Services, Inc. common stock at September 30, 2010 and 2009, is as follows:

	2010	2009
Number of Shares	6,336,672	6,336,672
Cost	$ 6,336,672	$ 6,336,672
Estimated Fair Value	$ 37,111,988	$ 25,331,988

The estimated fair value of the nonparticipant-directed investment in company shares represents approximately 55% and 50% of the Plan's net assets at September 30, 2010 and 2009, respectively.

NOTE 7 - NONPARTICIPANT-DIRECTED INVESTMENTS (continued)

The significant components included in the statement of changes in net assets available for benefits relating to the nonparticipant-directed investments in FCFS stock is as follows:

	Year Ended September 30, 2010
Changes in net assets:	
Contributions	$ 3,702,801
Net appreciation (depreciation)	11,780,000
Benefits paid to participants	2,706,272
Transfers to participant-directed investments	192,680

The estimated fair value of all nonparticipant-directed investments represents approximately 61% and 56% of the Plan's net assets at September 30, 2010 and 2009, respectively.

NOTE 8 - UNAUDITED INFORMATION PREPARED AND CERTIFIED BY CUSTODIANS

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the custodians of the 401(k) profit sharing portion of the Plan, Principal Trust Company and Reliance Trust Company, in accordance with 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. Effective July 1, 2010, the assets of the 401(k) portion of the Plan were transferred from Reliance Trust Company to Principal Trust Company. These investments are all participant-directed.

	September 30, 2010	September 30, 2009
Investments, at fair value:		
Mutual funds - equity	$ 19,200,816	$ 18,493,696
Mutual funds - balanced	2,552,711	-
Mutual funds - fixed income	1,401,279	882,592
Short-term investments	1,571,941	1,027,974
Investment Income:		
Net appreciation (depreciation)	$ 1,711,788	$ (726,990)
Dividends	315,758	596,934
Interest	7,286	3,490

NOTE 9 - EMPLOYER CONTRIBUTIONS

The employer's contributions to the Plan are discretionary, so long as the Plan has no loan balances outstanding. As of September 30, 2010 and 2009, the Plan did not have a loan balance outstanding.

The contribution to the Plan from the employer at September 30, 2010 and 2009 consists of:

	2010	2009
Distributions to former participants	$ 3,077,643	$ 2,669,983
Qualified non-elective contribution	1,220,487	1,119,469
Participant diversification elections	625,158	192,680
Profit sharing contribution	231,819	661,690
Employer's contribution receivable	5,155,107	4,643,822
Forfeitures allocated	102,220	93,912
Prefunded amount	-	62,728
Total employer contribution	$ 5,257,327	$ 4,800,462

NOTE 10 - EXCESS CONTRIBUTIONS PAYABLE

There was $31,355 payable at September 30, 2010 and $1,119 payable at September 30, 2009 for amounts refundable by the Plan to certain active participants to return to them excess deferral contributions as required to satisfy the relevant non-discrimination provisions of the Plan. Those amounts are also included in the Plan's statement of changes in net assets available for benefits as corrective distributions at September 30, 2010 and 2009.

NOTE 11 - CORRECTIVE DISTRIBUTIONS PAYABLE

There was $11,344 payable at September 30, 2010 for amounts refundable by the Plan to certain active participants to return to them contributions made to the Plan on ineligible compensation. Those amounts are included in the Plan's statement of net assets available for benefits as corrective distributions payable.

NOTE 12 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at September 30, 2010 and 2009 to Schedule H of Form 5500:

	2010	2009
Net assets available for benefits per the financial statements	$ 67,193,629	$ 50,664,308
Less: Amounts allocated to withdrawing participants	(4,894,629)	(3,211,738)
Net assets available for benefits per Schedule H to the Form 5500	$ 62,299,000	$ 47,452,570

NOTE 12 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 (continued)

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended September 30, 2010 to Schedule H of Form 5500:

	2010
Benefits paid to participants per the financial statements	$ 4,195,937
Add: Amounts allocated to withdrawing participants at September 30, 2010	4,894,629
Less: Amounts allocated to withdrawing participants at September 30, 2009	(3,211,738)
Benefits paid to participants per Schedule H of Form 5500	$ 5,878,828

Net assets available for benefits at September 30, 2010 include $4,894,629 allocated to the accounts of persons who as of or prior to that date had withdrawn from participating in the earnings and operations of the Plan. The amounts are payable to the former participants in December 2010 and January - February 2011.

Net assets available for benefits at September 30, 2009 include $3,211,738 allocated to the accounts of persons who as of or prior to that date had withdrawn from participating in the earnings and operations of the Plan. The amounts were payable to the former participants in December 2009 and January - February 2010.

The following is a reconciliation of cash and cash equivalents per the financial statements at September 30, 2010 and 2009 to Schedule H of Form 5500:

	2010	2009
Cash and cash equivalents per the financial statements	$ 1,679,612	$ 1,198,051
Less: Money market fund	(1,571,941)	-
Less: Non-interest bearing cash per Schedule H to the Form 5500	-	(24,765)
Interest bearing cash per Schedule H to the Form 5500	$ 107,671	$ 1,173,286

The following is a reconciliation of investments in registered investment companies per the financial statements at September 30, 2010 and 2009 to Schedule H of Form 5500.

	2010	2009
Registered investment companies at fair value per the financial statements	$ 23,154,806	$ 19,376,288
Add: Money market fund	1,571,941	-
Value of interest in registered investment companies per Schedule H to the Form 5500	$ 24,726,747	$ 19,376,288

NOTE 13 - SUMMARY OF 5% REPORTABLE TRANSACTIONS

There were no reportable transactions within the Plan years ending September 30, 2010 or 2009 involving amounts in excess of 5% of the fair value of the Plan assets.

NOTE 14 - RISKS AND UNCERTAINTIES

The Plan provides for various investment options in any combination of money market, equity, and fixed - income mutual funds. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the risk associated with certain investments, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes may materially affect participants' account balances and the amounts reported in the statement of net assets available for Plan benefits and the statement of changes in net assets available for Plan benefits. Credit risk is considered by management to be limited due to the money market fund's financial stability and to the diversification of holdings within the funds. The Plan generally does not require collateral with respect to its investments.

FIRST COMMAND FINANCIAL PLANNING, INC.
401(k) - EMPLOYEE STOCK OWNERSHIP PLAN
EIN: 75-1054341
PLAN: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
For the Year Ended September 30, 2010

(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
*	First Command Financial Services, Inc.	COMMON STOCK (6,336,672 shares)	$ 6,336,672	$ 37,111,988
	Marshall	MARSHALL PRIME MONEY MARKET FUND CLI	0	107,671
*	Princor Financial Services	Registered investment company PRINCOR MONEY MARKET INST FUND	0	1,571,941
	Fidelity Investments	Registered investment company FIDELITY ADVISOR NEW INSIGHTS I FUND	0	5,553,479
	Franklin Templeton Investments	Registered investment company TEMPLETON WORLD ADV FUND	0	3,660,129
	Columbia Funds	Registered investment company COLUMBIA ACORN FUND – Z	0	3,596,979
	Franklin Templeton Investments	Registered investment company FRANKLIN MUTUAL GLOBAL DISCOVERY Z	0	1,419,544
	Pioneer	Registered investment company PIONEER CULLEN VALUE Y FUND	0	1,352,767
	Franklin Templeton Investments	Registered investment company FRANKLIN TEMPLETON 2015 TARGET	0	1,151,020
	Franklin Templeton Investments	Registered investment company MUTUAL SHARES Z FUND	0	1,014,003
	Franklin Templeton Investments	Registered investment company FRANKLIN U S GOV'T SECURITIES ADV FUND	0	891,229
	Invesco Funds Group, Inc	Registered investment company INVESCO CHARTER I FUND	0	830,935
*	Princor Financial Services	Registered investment company PRINCOR LARGECAP GROWTH I INST FUND	0	797,718
	Franklin Templeton Investments	Registered investment company FRANKLIN TEMPLETON 2025 TARGET	0	718,004
	Artio Global Investors, Inc.	Registered investment company ARTIO INTL EQUITY II I FUND	0	688,026
	Harbor	Registered investment company HARBOR BOND INST FUND	0	291,480
	Franklin Advisers, Inc.	Registered investment company FRANKLIN TEMPLE CONSRV AL ADV	0	265,940
	Franklin Templeton Investments	Registered investment company FRANKLIN TEMPLETON 2035 TARGET	0	222,803
	Franklin Templeton Investments	Registered investment company FRANKLIN TEMPLETON 2045 TARGET	0	182,321
	Franklin Templeton Investments	Registered investment company TEMPLETON GLOBAL BOND ADVISOR FUND	0	146,505
	The Royce Funds	Registered investment company ROYCE TOTAL RETURN INST FUND	0	75,778
	Pioneer	Registered investment company PIONEER STRATEGIC INCOME Y FUND	0	72,066
	Invesco Funds Group, Inc.	Registered investment company INVESCO REAL ESTATE INST FUND	0	68,392
	Aim Investments	Registered investment company INVESCO INTERNATIONAL GROWTH I FUND	0	67,840

See accountant's report.

FIRST COMMAND FINANCIAL PLANNING, INC.
401(k) - EMPLOYEE STOCK OWNERSHIP PLAN
EIN: 75-1054341
PLAN: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year), continued
For the Year Ended September 30, 2010

(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
*	Princor Financial Services	Registered investment company PRINCOR MIDCAP BLEND INST FUND	$ 0	$ 30,254
*	Princor Financial Services	Registered investment company PRINCOR EQUITY INCOME INST FUND	0	25,878
	Ivy Investment Management Company	Registered investment company IVY ASSET STRATEGY I FUND	0	12,629
	PIMCO Funds	Registered investment company PIMCO COM REAL RET STRA INSTL FUND	0	11,850
*	Princor Financial Services	Registered investment company PRINCOR LARGE CAP S&P 500 IDX INST FUND	0	7,236
*	Participant Loans	Range of Interest Rates Rates Range from 6.25% - 7.25%	0	134,815

* Represents a party-in-interest

See accountant's report.

SCHEDULE H, Line 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FIRST COMMAND FINANCIAL PLANNING, INC. 401(K)
EMPLOYEE STOCK OWNERSHIP PLAN
EIN 75 1054341
PLAN NUMBER 001
PLAN YEAR 10/01/2009 TO 09/30/2010

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Artio Global Investors Inc.	Registered Investment Company ARTIO INTL EQUITY II I FUND	$0.00	$688,025.80
	Columbia Funds	Registered Investment Company COLUMBIA ACORN Z FUND	$0.00	$3,596,978.97
	Fidelity Investments	Registered Investment Company FIDELITY ADV NEW INSIGHTS I FD	$0.00	$5,553,479.35
	Franklin Templeton Investments	Registered Investment Company FRANKLIN MUTUAL GLOBAL DISC Z	$0.00	$1,419,543.85
	Franklin Templeton Investments	Registered Investment Company FRANKLIN TEMPLE CNSRV AL ADV	$0.00	$265,939.61
	Franklin Templeton Investments	Registered Investment Company FRANKLIN TEMPLE 2015 TARGET	$0.00	$1,151,020.33
	Franklin Templeton Investments	Registered Investment Company FRANKLIN TEMPLE 2025 TARGET	$0.00	$718,004.34
	Franklin Templeton Investments	Registered Investment Company FRANKLIN TEMPLE 2035 TARGET	$0.00	$222,803.29
	Franklin Templeton Investments	Registered Investment Company FRANKLIN TEMPLE 2045 TARGET	$0.00	$182,320.69
	Franklin Templeton Investments	Registered Investment Company FRANKLIN US GOV SEC ADV FUND	$0.00	$891,229.25
	Harbor	Registered Investment Company HARBOR BND INST FUND	$0.00	$291,479.53
	Invesco Funds Group, Inc.	Registered Investment Company INVESCO CHARTER I FUND	$0.00	$830,934.84
	AIM Investments	Registered Investment Company INVESCO INTL GROWTH I FUND	$0.00	$67,840.29

SCHEDULE H, Line 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FIRST COMMAND FINANCIAL PLANNING, INC. 401(K)
EMPLOYEE STOCK OWNERSHIP PLAN
EIN 75 1054341
PLAN NUMBER 001
PLAN YEAR 10/01/2009 TO 09/30/2010

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Invesco Funds Group, Inc.	Registered Investment Company INVESCO REAL ESTATE INST FUND	$0.00	$68,392.04
	Ivy Investment Management Co	Registered Investment Company IVY ASSET STRATEGY I FUND	$0.00	$12,629.23
	Franklin Templeton Investments	Registered Investment Company MUTUAL SHARES Z FUND	$0.00	$1,014,003.12
	PIMCOFunds	Registered Investment Company PIM COM REAL RET STRA INSTL FD	$0.00	$11,849.78
	Pioneer	Registered Investment Company PIONEER CULLEN VALUE Y FUND	$0.00	$1,352,767.45
	Pioneer	Registered Investment Company PIONEER STRATEGIC INC Y FUND	$0.00	$72,066.06
*	Princor Financial Services	Registered Investment Company PRIN EQUITY INCOME INST FUND	$0.00	$25,878.28
*	Princor Financial Services	Registered Investment Company PRIN LGCAP GROWTH I INST FUND	$0.00	$797,718.07
*	Princor Financial Services	Registered Investment Company PRIN LGCP S&P 500 IDX INST FD	$0.00	$7,236.00
*	Princor Financial Services	Registered Investment Company PRIN MIDCAP BLEND INST FUND	$0.00	$30,253.86
*	Princor Financial Services	Registered Investment Company PRIN MONEY MARKET INST FUND	$0.00	$1,571,940.89
	The Royce Funds	Registered Investment Company ROYCE TOTAL RETURN INST FUND	$0.00	$75,777.82
	Franklin Templeton Investments	Registered Investment Company TEMPLETON GLOBAL BOND ADV FUND	$0.00	$146,504.54

SCHEDULE H, Line 4I-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, Line 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FIRST COMMAND FINANCIAL PLANNING, INC. 401(K)
EMPLOYEE STOCK OWNERSHIP PLAN
EIN 75 1054341
PLAN NUMBER 001
PLAN YEAR 10/01/2009 TO 09/30/2010

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Franklin Templeton Investments	Registered Investment Company TEMPLETON WORLD ADV FUND	$0.00	$3,660,129.36
*	First Command	Common Stock FIRST COMMAND FIN PLAN INC ST	$6,336,672.00	$37,111,988.24
	Marshall	Money Market Fund MARSHALL PRIME MONEY MARKET FUND CLI	$0.00	$107,670.92
*	Participant Loans	Range of Interest Rates RATES RANGE FROM 6.25% TO 7.25%	$0.00	$134,815.00

SCHEDULE H, Line 4I-SCHEDULE OF ASSETS (HELD AT END OF YEAR)