Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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 (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

FIRST CO.

8273 MOBERLY LANE
DALLAS, TX 75227

2b Employer Identification Number (EIN)
75-1232784

2c Plan 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.	07/19/2016	KAY GOODE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/19/2016	JAMES H. NATION
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	290
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	258
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	273
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	24
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	298
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	298
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	295
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
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 Characteristics 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)

Part III **Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan	**B** Three-digit plan number (PN) ▶	
FIRST CO. 401(K) RETIREMENT PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
FIRST CO.	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 25 37 52	NONE	17522	Yes [X] No [ ]	Yes [X] No [ ]	0	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 [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
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	6717603

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
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)	770932	656645
(9) Value of interest in common/collective trusts	1c(9)	5842826	6717603
(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)	13477292	12846490
(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	20091050	20220738
	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	20091050	20220738

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)	295198	
	(B) Participants	2a(1)(B)	573742	
	(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)		868940
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)	23379	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		23379
	(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)	573861	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		573861
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		117991
(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)		-557193
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1026978
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	882098	
(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)		882098
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)	15192	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		15192
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		897290
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		129688
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, P.C. **(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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	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		

		Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	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				
o Did the plan trust incur unrelated business taxable income?	4o				
p Were in-service distributions made during the plan year?	4p				

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

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

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

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

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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 (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

VIVIANO

INDEPENDENT AUDITOR'S REPORT

James Nation, administrator
First Co. 401(k) Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of First Co. 401(k) Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 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. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets Held for Investment Purposes at End of Year is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, 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
July 6, 2016

FIRST CO. 401(k) RETIREMENT PLAN

Annual Plan-level Financial Reporting Package for the year ended December 31, 2015

Includes information required for Form 5500 and Form 8955 for the year ended December 31, 2015

Plan 093517

VIVIANO

INDEPENDENT AUDITOR'S REPORT

James Nation, administrator
First Co. 401(k) Retirement Plan

Report on the Financial Statements

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Disclaimer of Opinion

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Other Matter

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

The form and content of the information included in the financial statements and supplemental schedule, 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
July 6, 2016

First Co. 401(k) Retirement Plan

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Form 5500 Information*

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

*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.

FIRST CO. 401(K) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2015 AND 2014

	2015	2014
Investments, at fair value		
Registered investment companies	$ 12,846,490	$ 13,477,292
Vanguard Retirement Savings Trust (VRST)	6,814,645	6,100,103
Participant loans	656,645	770,932
Total Investments Measured at Fair Value	20,317,780	20,348,327
Other assets (VRST)	95,428	39,716
Total Assets	20,413,208	20,388,043
Total Liabilities (VRST)	78,950	117,635
Net Assets with all Investments Valued at Fair Value	20,334,258	20,270,408
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(113,520)	(179,358)
Net Assets Available for Benefits	$ 20,220,738	$ 20,091,050
Change in adjustment from fair value to contract value for fully benefit-responsive investment contracts:		
Beginning of period	$ (179,358)	$ (172,203)
Increase (decrease) due to changes in the fully benefit-responsive investment contracts	65,838	(7,155)
End of period	$ (113,520)	$ (179,358)

See accompanying notes.

FIRST CO. 401(K) RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2015

ADDITIONS		
Additions to net assets attributed to:		
Contributions:		
Employer	$	295,198
Participant		573,742
		868,940
Investment income:		
Interest income, participant loans		23,379
Dividends from registered investment companies		573,861
Net investment gain (loss) from common/collective trusts		117,991
Net investment gain (loss) from registered investment cos.		(557,193)
		158,038
TOTAL ADDITIONS		1,026,978
DEDUCTIONS		
Deductions from net assets attributed to:		
Payments of benefits		882,098
Contract administrator fees		15,192
TOTAL DEDUCTIONS		897,290
NET INCREASE (DECREASE)		129,688
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		20,091,050
END OF YEAR	$	20,220,738

See accompanying notes.

FIRST CO. 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2015 AND 2014

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 on deferrals up to 3% of annual compensation dollar for dollar, and 50% of each dollar for the next 2% of annual compensation deferred. Participants direct 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 annually, respectively) 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. During the Plan year ended December 31, 2015, $2,125 of forfeitures were used for sponsor plan administrative expenses.

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 accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Fair Value Measurements

The Plan accounts for its financial instruments at fair value. Fair value is defined as the price that would be received for an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date.

Accounting standards establish a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels:

Level 1 – Inputs generally are quoted prices in active markets for identical assets or liabilities. For this purpose, an active market is a market in which transactions for the asset or liability occur with sufficient frequency and volume to provide pricing information on an ongoing basis.

Level 2 – Inputs generally are available indirect information, such as quoted prices for similar assets or liabilities in active markets, or quoted prices for identical or similar assets or liabilities in markets that are not active.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Fair Value Measurements (Continued)

Level 3 – Inputs are unobservable and generally allow for situations in which there is little, if any, market activity. They are based on the reporting entity's own assumptions about the factors market participants would use in pricing the asset or liability.

Income Recognition

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.

	2015	2014
Investments, at fair value:		
Registered investment companies	$12,846,490	$13,477,292
Investments, at contract value:		
Retirement savings trust	6,717,603	5,842,826
Participant loans	656,645	770,932
	$20,220,738	$20,091,050
Investment income (loss)	158,038	1,292,214
Payments of benefits	882,098	1,241,380
Deemed distributions	-0-	340
Administrative fees	15,192	12,895

NOTE 4 - INVESTMENTS

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

	2015	2014
Vanguard Retirement Svgs Trust	6,717,603	5,842,826
Vanguard 500 Index Fund	1,219,088	1,268,530
Vanguard Equity Income Fund	2,141,226	2,255,768
Vanguard Primecap Fund	2,526,671	2,397,563
Vanguard Tgt Retirement 2015	1,036,184	1,041,410

During 2015, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated by $439,202.

NOTE 5 - FAIR VALUE MEASUREMENTS

The following table presents financial instruments carried on the statements of net assets available for benefits by level within the valuation hierarchy as described in Note 2 at December 31, 2015 and 2014.

	December 31, 2015			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 12,846,490	$ -	$ -	$ 12,846,490
Collective trust fund	257,194	6,557,451	-	6,814,645
Loan fund	-	656,645	-	656,645
	$ 13,103,684	$ 7,214,096	$ -	$ 20,317,780

	December 31, 2014			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 13,477,292	$ -	$ -	$ 13,477,292
Collective trust fund	244,361	5,855,742	-	6,100,103
Loan fund	-	770,932	-	770,932
	$ 13,721,653	$ 6,626,674	$ -	$ 20,348,327

NOTE 5 - FAIR VALUE MEASUREMENTS (CONTINUED)

Vanguard Retirement Savings Trust

The Vanguard Retirement Savings Trust invests solely in the VRST Master Trust (the "Trust"). The Trust is a collective investment trust established on July 1, 2001, under Section 404 of the Pennsylvania Banking Code. The Trust provides for the collective investment of assets of tax-exempt pension and profit-sharing plans, primarily in a pool of investment contracts that are issued by insurance companies and commercial banks and in contracts that are backed by bond trusts that are selected by the Trustee, Vanguard Fiduciary Trust Company. The issuers' ability to meet these obligations may be affected by economic developments in their respective companies and industries.

Investments held by the Trust are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets of the Trust attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the underlying defined-contribution plans. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits reflects the contract value basis.

Traditional investment contracts issued by insurance companies and banks are nontransferable, but provide for benefit-responsive withdrawals by plan participants at contract value. For traditional investment contracts, fair value comprises the expected future cash flows for each contract discounted to present value. Contract value represents contributions made plus interest accrued at the contract rate, less withdrawals. The credit rating on traditional contracts is typically fixed for the life of the investment.

NOTE 5 - FAIR VALUE MEASUREMENTS (CONTINUED)

Synthetic investment contracts consist of investments together with contracts under which a bank or other institution provides for benefit-responsive withdrawals by plan participants at contract value. For synthetic investment contracts, the fair value comprises the aggregate market values of the underlying investments in bond trusts or mutual funds and the value of the wrap contracts, if any. The difference between valuation at contract value and fair value is reflected over time through the crediting rate formula provided for in the Trust's synthetic contracts. The crediting rate of the contract resets every quarter based on the performance of the underlying investment portfolio. To the extent that the Trust has unrealized gains or losses (that are accounted for, under contract value accounting, through the value of the synthetic contract), the interest crediting rate may differ from then-current market rates. An investor currently redeeming Trust units may forgo a benefit, or avoid a loss, related to a future crediting rate different from then-current market rates.

Investments in mutual funds and bond trusts are valued at the net asset value of each fund or trust determined as of the close of the New York Stock Exchange on the valuation date.

The existence of certain conditions can limit the Trust's ability to transact at contract value with issuers of its investment contracts. Specifically, any event outside the normal operation of the Trust that causes a withdrawal from an investment contract may result in a negative market value adjustment with respect to the withdrawal. Examples of such events include, but are not limited to, partial or complete legal termination of the Trust or a unitholder, tax disqualification of the Trust or unitholder, and certain Trust amendments if issuers' consent is not obtained. As of December 31, 2015, the occurrence of an event outside the normal operation of the Trust that would cause a withdrawal from an investment contract is not considered to be probable.

In general, issuers may terminate the contract and settle at other than contract value is there is a change in the qualification status of a participant, employer, or plan; a breach of material obligations under the contract and misrepresentations by the contract holder; or failure of the underlying portfolio to conform to the pre-established investment guidelines.

NOTE 5 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following analysis is intended to provide the likely reaction of the Trust's crediting rate to various changes in current yield, both with static and a decrease in net assets. This analysis is required by GAAP and is for illustrative purposes only. It reflects the sensitivity to the rate reset process currently employed for the synthetic investment contracts in the Trust, which represent approximately 95% of the Trust's net assets. The crediting rate on the Trust and total returns actually achieved by investors in the future may vary significantly due to market, plan, and cash flows events.

Average Interest Credit Rate	2.36%
Current Market Interest Rate	1.89%
Duration	2.94
Market Value/Book Value Ratio	101.82%

Ratios/Supplemental Data	2015	2014
Average Yield Earned by Trust	2.29%	2.30%
Average Yield Earned by Trust Credited to Participants	1.92%	1.89%

Reconciliation from Fair Value to Contract Value (certified value)

Traditional Investment Contracts	$ 174,151	$ 154,044
Synthetic Investment Contracts	6,383,300	5,701,698
Short-term Investments	257,194	244,361
Total Trust Assets at Fair Value	$6,814,645	$6,100,103
Plus Other Trust Assets	95,428	39,716
Less Trust Liabilities	(78,950)	(117,635)
Less Adjustments to Contract Value	(113,520)	(179,358)
Total Trust Assets at Contract Value	$6,717,603	$5,842,826

NOTE 6 - 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 7 - 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 8 - 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 participant account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 9- 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 6, 2016. 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, 2015** 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 Explorer Fund
Additions					
Investment income:					
Interest and dividend income, investments	$ 24,553.05	$ 130,195.00	$ 19,111.21	$ 2,152.17	$ 0.64
Interest income, participant loans	-	-	-	-	-
Net realized gain (loss) on sale of investments	4,482.53	(2,434.79)	(8,624.62)	(4,113.14)	(265.70)
Net unrealized apprec. (deprec.) of investments	(6,272.63)	(112,736.18)	(28,353.05)	(8,515.82)	(0.82)
	22,762.95	15,024.03	(17,866.46)	(10,476.79)	(265.88)
Contributions:					
Employer	9,040.96	15,760.12	3,862.49	3,463.20	19.80
Participant	20,549.50	36,521.09	9,181.50	5,907.00	9.90
Participant loan repayments	9,969.60	33,012.72	486.54	-	-
	38,560.06	85,293.93	13,530.53	9,370.20	29.70
Total additions	61,323.01	100,317.96	(4,335.93)	(1,106.59)	(236.18)
Deductions					
Payment of benefits	88,561.67	93,711.31	-	10,257.80	-
Participant loan withdrawals	9,111.87	14,842.77	491.21	-	-
Other deductions	326.54	809.17	70.53	24.18	0.94
Total deductions	98,000.08	109,363.25	561.74	10,281.98	0.94
Net increase (decrease) prior to interfund transfers	(36,677.07)	(9,045.29)	(4,897.67)	(11,388.57)	(237.12)
Interfund transfers	(12,765.19)	(105,496.54)	(176,764.02)	(139,551.68)	(17,225.54)
Net increase (decrease)	(49,442.26)	(114,541.83)	(181,661.69)	(150,940.25)	(17,462.66)
Net assets available for plan benefits:					
Beginning of period	1,268,529.95	2,255,767.63	383,379.63	334,261.72	17,496.45
End of period	$ 1,219,087.69	$ 2,141,225.80	$ 201,717.94	$ 183,321.47	$ 33.79

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, 2015** is as follows (Continued):

	PARTICIPANT DIRECTED				
	Vanguard International Growth Fund Investor Shares	Vanguard Mid-Cap Index Fund Investor Shares	Vanguard PRIMECAP Fund Investor Shares	Vanguard Prime Money Market Fund	Vanguard Short-Term Bond Index Fund Investor Shares
Additions					
Investment income:					
Interest and dividend income, investments	$ 10,381.52	$ 6,583.49	$ 139,092.96	$ 2.37	$ 449.21
Interest income, participant loans	-	-	-	-	-
Net realized gain (loss) on sale of investments	3,167.73	2,097.75	6,395.06	-	329.96
Net unrealized apprec. (deprec.) of investments	(16,840.42)	(13,623.16)	(75,686.10)	-	(76.60)
	(3,291.17)	(4,941.92)	69,801.92	2.37	702.57
Contributions:					
Employer	8,931.41	5,875.69	27,993.45	-	78.00
Participant	21,856.50	19,098.00	83,496.75	-	78.00
Participant loan repayments	15,969.99	2,710.44	24,321.46	-	-
	46,757.90	27,684.13	135,811.66	-	156.00
Total additions	43,466.73	22,742.21	205,613.58	2.37	858.57
Deductions					
Payment of benefits	49,306.92	10,527.02	96,678.77	-	-
Participant loan withdrawals	8,109.38	-	13,441.39	-	-
Other deductions	332.68	69.75	835.06	2,125.00	7.87
Total deductions	57,748.98	10,596.77	110,955.22	2,125.00	7.87
Net increase (decrease) prior to interfund transfers	(14,282.25)	12,145.44	94,658.36	(2,122.63)	850.70
Interfund transfers	(55,353.10)	(43,062.49)	34,449.43	-	8,382.70
Net increase (decrease)	(69,635.35)	(30,917.05)	129,107.79	(2,122.63)	9,233.40
Net assets available for plan benefits:					
Beginning of period	838,949.72	542,541.91	2,397,562.78	6,662.27	114.14
End of period	$ 769,314.37	$ 511,624.86	$ 2,526,670.57	$ 4,539.64	$ 9,347.54

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, 2015** is as follows (Continued):

	PARTICIPANT DIRECTED				
	Vanguard Small-Cap Index Fund Investor Shares	Vanguard Target Retirement 2010 Fund	Vanguard Target Retirement 2015 Fund	Vanguard Target Retirement 2020 Fund	Vanguard Target Retirement 2025 Fund
Additions					
Investment income:					
Interest and dividend income, investments	$ 3,481.74	$ 15,689.65	$ 67,475.32	$ 14,284.56	$ 27,472.35
Interest income, participant loans	-	-	-	-	-
Net realized gain (loss) on sale of investments	(5,144.04)	10.23	78.20	(438.14)	89.95
Net unrealized apprec. (deprec.) of investments	(13,969.29)	(16,288.07)	(72,370.13)	(17,161.41)	(33,143.17)
	(15,631.59)	(588.19)	(4,816.61)	(3,314.99)	(5,580.87)
Contributions:					
Employer	4,028.11	-	4,608.87	15,904.73	17,431.49
Participant	10,993.50	-	6,908.00	26,985.00	30,103.34
Participant loan repayments	485.99	-	8,854.20	14,883.29	39,647.24
	15,507.60	-	20,371.07	57,773.02	87,182.07
Total additions	(123.99)	(588.19)	15,554.46	54,458.03	81,601.20
Deductions					
Payment of benefits	9,993.47	12,025.33	47,339.02	61,153.03	-
Participant loan withdrawals	508.34	-	-	24,364.21	13,468.07
Other deductions	61.78	18.11	235.33	472.18	893.78
Total deductions	10,563.59	12,043.44	47,574.35	85,989.42	14,361.85
Net increase (decrease) prior to interfund transfers	(10,687.58)	(12,631.63)	(32,019.89)	(31,531.39)	67,239.35
Interfund transfers	(140,743.35)	-	26,794.19	(4,358.08)	1,043.86
Net increase (decrease)	(151,430.93)	(12,631.63)	(5,225.70)	(35,889.47)	68,283.21
Net assets available for plan benefits:					
Beginning of period	417,202.97	308,480.63	1,041,409.85	413,761.89	534,217.69
End of period	$ 265,772.04	$ 295,849.00	$ 1,036,184.15	$ 377,872.42	$ 602,500.90

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, 2015** is as follows (Continued):

	PARTICIPANT DIRECTED				
	Vanguard Target Retirement 2030 Fund	Vanguard Target Retirement 2035 Fund	Vanguard Target Retirement 2040 Fund	Vanguard Target Retirement 2045 Fund	Vanguard Target Retirement 2050 Fund
Additions					
Investment income:					
Interest and dividend income, investments	$ 16,274.92	$ 12,159.61	$ 15,078.10	$ 4,684.47	$ 773.11
Interest income, participant loans	-	-	-	-	-
Net realized gain (loss) on sale of investments	2,903.92	745.04	1,479.66	1,700.32	107.02
Net unrealized apprec. (deprec.) of investments	(21,533.91)	(16,122.18)	(23,961.51)	(7,234.70)	(1,380.38)
	(2,355.07)	(3,217.53)	(7,403.75)	(849.91)	(500.25)
Contributions:					
Employer	25,634.46	9,879.69	16,484.54	10,877.96	2,072.01
Participant	31,952.50	11,016.00	18,310.00	14,630.00	2,340.00
Participant loan repayments	40,396.72	22,348.99	33,374.71	15,465.42	3,661.56
	97,983.68	44,046.68	68,169.25	40,973.38	8,073.57
Total additions	95,628.61	40,829.15	60,765.50	40,123.47	7,573.32
Deductions					
Payment of benefits	30,911.45	21,630.03	26,765.28	36,619.31	-
Participant loan withdrawals	62,282.97	25,090.95	24,781.22	28,279.68	19,170.00
Other deductions	1,093.29	698.86	1,175.34	529.13	80.00
Total deductions	94,287.71	47,419.84	52,721.84	65,428.12	19,250.00
Net increase (decrease) prior to interfund transfers	1,340.90	(6,590.69)	8,043.66	(25,304.65)	(11,676.68)
Interfund transfers	581.14	4,810.32	(5,166.18)	-	-
Net increase (decrease)	1,922.04	(1,780.37)	2,877.48	(25,304.65)	(11,676.68)
Net assets available for plan benefits:					
Beginning of period	484,218.18	286,776.43	536,574.94	186,265.49	47,975.04
End of period	$ 486,140.22	$ 284,996.06	$ 539,452.42	$ 160,960.84	$ 36,298.36

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, 2015** is as follows (Continued):

	PARTICIPANT DIRECTED				
	Vanguard Target Retirement 2060 Fund	Vanguard Target Retirement Income	Vanguard Total Bond Market Index Fund Investor Shares	Vanguard U.S. Growth Fund Investor Shares	Vanguard U.S. Value Fund
Additions					
Investment income:					
Interest and dividend income, investments	$ 2.77	$ 1,623.75	$ 10,921.39	$ 16,278.61	$ -
Interest income, participant loans	-	-	-	-	-
Net realized gain (loss) on sale of investments	509.83	(33.11)	350.62	(293.51)	(829.23)
Net unrealized apprec. (deprec.) of investments	(2.88)	(1,864.66)	(9,473.58)	(9,834.48)	-
	509.72	(274.02)	1,798.43	6,150.62	(829.23)
Contributions:					
Employer	187.50	17,900.18	2,918.99	3,771.68	-
Participant	187.50	19,591.00	10,093.00	4,283.35	-
Participant loan repayments	-	5,444.52	6,163.16	903.44	-
	375.00	42,935.70	19,175.15	8,958.47	-
Total additions	884.72	42,661.68	20,973.58	15,109.09	(829.23)
Deductions					
Payment of benefits	-	2,845.73	78,051.15	26,609.89	-
Participant loan withdrawals	-	2,039.00	-	-	-
Other deductions	7.78	782.54	81.27	25.10	5.20
Total deductions	7.78	5,667.27	78,132.42	26,634.99	5.20
Net increase (decrease) prior to interfund transfers	876.94	36,994.41	(57,158.84)	(11,525.90)	(834.43)
Interfund transfers	(23,691.17)	-	(52,587.89)	116,107.57	(42,295.24)
Net increase (decrease)	(22,814.23)	36,994.41	(109,746.73)	104,581.67	(43,129.67)
Net assets available for plan benefits:					
Beginning of period	23,184.17	35,308.41	554,752.40	98,910.18	43,129.67
End of period	$ 369.94	$ 72,302.82	$ 445,005.67	$ 203,491.85	$ -

Additional Information
Required for Form 5500 and Form 8955

Schedule H, line 4i - Schedule of Assets Held for Investment Purposes at End of Year

First Co. 401(k) Retirement Plan

December 31, 2014

EIN: 75-1232784 Plan Number: 001

(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
*	Vanguard Fiduciary Trust Company	Vanguard 500 Index Inv	856,990		1,219,088
*	Vanguard Fiduciary Trust Company	Vanguard Equity Income Inv	1,739,099		2,141,226
*	Vanguard Fiduciary Trust Company	Vanguard Explorer Fund Inv	192,377		201,718
*	Vanguard Fiduciary Trust Company	Vanguard Extend Mkt Index Inv	131,153		183,321
*	Vanguard Fiduciary Trust Company	Vanguard Int'l Explorer	35		34
*	Vanguard Fiduciary Trust Company	Vanguard Int'l Growth Fund Inv	678,063		769,314
*	Vanguard Fiduciary Trust Company	Vanguard Mid-Cap Index Fd Inv	388,340		511,625
*	Vanguard Fiduciary Trust Company	Vanguard PRIMECAP Fund Inv	1,869,644		2,526,671
*	Vanguard Fiduciary Trust Company	Vanguard Prime Money Mkt	4,540		4,540
*	Vanguard Fiduciary Trust Company	Vanguard ST Bond Index Fund Inv	9,424		9,347
*	Vanguard Fiduciary Trust Company	Vanguard Sm-Cap Index Inv	182,608		265,772
*	Vanguard Fiduciary Trust Company	Vanguard Tgt Retirement 2010	278,658		295,849
*	Vanguard Fiduciary Trust Company	Vanguard Tgt Retirement 2015	1,057,073		1,036,184
*	Vanguard Fiduciary Trust Company	Vanguard Tgt Retirement 2020	334,302		377,872
*	Vanguard Fiduciary Trust Company	Vanguard Tgt Retirement 2025	545,295		602,501
*	Vanguard Fiduciary Trust Company	Vanguard Tgt Retirement 2030	433,051		486,140
*	Vanguard Fiduciary Trust Company	Vanguard Tgt Retirement 2035	249,525		284,996
*	Vanguard Fiduciary Trust Company	Vanguard Tgt Retirement 2040	450,270		539,452
*	Vanguard Fiduciary Trust Company	Vanguard Tgt Retirement 2045	140,521		160,961
*	Vanguard Fiduciary Trust Company	Vanguard Tgt Retirement 2050	30,216		36,298
*	Vanguard Fiduciary Trust Company	Vanguard Tgt Retirement 2060	373		370
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement Inc	73,636		72,303
*	Vanguard Fiduciary Trust Company	Vanguard Total Bd Mkt Index Inv	444,001		445,006
*	Vanguard Fiduciary Trust Company	Vanguard U.S. Growth Fund Inv	212,548		203,492
*	Vanguard Fiduciary Trust Company	Vanguard Windsor Inv	130,710		124,115
*	Vanguard Fiduciary Trust Company	Vanguard Windsor II Fund Inv	343,258		348,295
			10,775,710		12,846,490
*	Vanguard Fiduciary Trust Company	Vanguard Retirement Savings Trust	6,717,603	**	6,717,603
*	Participant Loans	3.25% - 3.25%	656,645		656,645
			18,149,958		20,220,738

* Party in Interest

** Contract Value

Schedule H, line 4i - Schedule of Assets Held for Investment Purposes at End of Year

First Co. 401(k) Retirement Plan

December 31, 2014

EIN: 75-1232784 Plan Number: 001

(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
*	Vanguard Fiduciary Trust Company	Vanguard 500 Index Inv	856,990		1,219,088
*	Vanguard Fiduciary Trust Company	Vanguard Equity Income Inv	1,739,099		2,141,226
*	Vanguard Fiduciary Trust Company	Vanguard Explorer Fund Inv	192,377		201,718
*	Vanguard Fiduciary Trust Company	Vanguard Extend Mkt Index Inv	131,153		183,321
*	Vanguard Fiduciary Trust Company	Vanguard Int'l Explorer	35		34
*	Vanguard Fiduciary Trust Company	Vanguard Int'l Growth Fund Inv	678,063		769,314
*	Vanguard Fiduciary Trust Company	Vanguard Mid-Cap Index Fd Inv	388,340		511,625
*	Vanguard Fiduciary Trust Company	Vanguard PRIMECAP Fund Inv	1,869,644		2,526,671
*	Vanguard Fiduciary Trust Company	Vanguard Prime Money Mkt	4,540		4,540
*	Vanguard Fiduciary Trust Company	Vanguard ST Bond Index Fund Inv	9,424		9,347
*	Vanguard Fiduciary Trust Company	Vanguard Sm-Cap Index Inv	182,608		265,772
*	Vanguard Fiduciary Trust Company	Vanguard Tgt Retirement 2010	278,658		295,849
*	Vanguard Fiduciary Trust Company	Vanguard Tgt Retirement 2015	1,057,073		1,036,184
*	Vanguard Fiduciary Trust Company	Vanguard Tgt Retirement 2020	334,302		377,872
*	Vanguard Fiduciary Trust Company	Vanguard Tgt Retirement 2025	545,295		602,501
*	Vanguard Fiduciary Trust Company	Vanguard Tgt Retirement 2030	433,051		486,140
*	Vanguard Fiduciary Trust Company	Vanguard Tgt Retirement 2035	249,525		284,996
*	Vanguard Fiduciary Trust Company	Vanguard Tgt Retirement 2040	450,270		539,452
*	Vanguard Fiduciary Trust Company	Vanguard Tgt Retirement 2045	140,521		160,961
*	Vanguard Fiduciary Trust Company	Vanguard Tgt Retirement 2050	30,216		36,298
*	Vanguard Fiduciary Trust Company	Vanguard Tgt Retirement 2060	373		370
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement Inc	73,636		72,303
*	Vanguard Fiduciary Trust Company	Vanguard Total Bd Mkt Index Inv	444,001		445,006
*	Vanguard Fiduciary Trust Company	Vanguard U.S. Growth Fund Inv	212,548		203,492
*	Vanguard Fiduciary Trust Company	Vanguard Windsor Inv	130,710		124,115
*	Vanguard Fiduciary Trust Company	Vanguard Windsor II Fund Inv	343,258		348,295
			10,775,710		12,846,490
*	Vanguard Fiduciary Trust Company	Vanguard Retirement Savings Trust	6,717,603	**	6,717,603
*	Participant Loans	3.25% - 3.25%	656,645		656,645
			18,149,958		20,220,738

* Party in Interest

** Contract Value