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 10/01/2015 and ending 09/30/2016

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. . . . . ▶ [ ]

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 (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 COMMAND FINANCIAL PLANNING, INC.

1 FIRSTCOMM PLAZA
FORT WORTH, TX 76109-4978

2b Employer Identification Number (EIN) 75-1054341

2c Plan 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.	05/16/2017	DOUGLAS WORRELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/16/2017	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

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**	753
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)**	641
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	632
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	109
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	741
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	741
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	709
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
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 2P 2Q 2S 2T 3H 3I

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)

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	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2015
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016

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	72177	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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 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 10/01/2015 and ending 09/30/2016

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5298989	5758430
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	8763	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8682	8726
(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)	336886	434134
(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)	37151419	41144491
(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)	61179989	66721036
(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	103984728	114066817
Liabilities			
g Benefit claims payable	1g	7055218	4648717
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through1j)	1k	7055218	4648717
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	96929510	109418100

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)	5759032	
(B) Participants	2a(1)(B)	2576000	
(C) Others (including rollovers)	2a(1)(C)	172591	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		8507623
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	44	
(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)	23051	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		23095
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	2452170	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	550982	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3003152
(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
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	5541047	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		5541047

		(a) Amount	(b) Total
(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)		3050027
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		20124944
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7562416	
(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)		7562416
f Corrective distributions (see instructions)	2f		1761
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)	72177	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		72177
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7636354
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		12488590
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: HINCKLEY COOK P.C. **(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 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		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

			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		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				
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 10/01/2015 and ending 09/30/2016

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): 42-0127290 43-1971558

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

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

Financial Statements at
September 30, 2016 and 2015,
and for the year ended September 30, 2016
with Independent Auditor's Report thereon

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

Financial Statements at September 30. 2016 and 2015,
and for the year ended September 30, 2016
with Independent Auditor's Report

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Hinckley Cook P.C.

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of First Command Financial Planning, Inc. 401(k) - Employee Stock Ownership Plan (Plan), which comprise the statements of net assets available for benefits as of September 30, 2016 and 2015, and the related statements of changes in net assets available for benefits for the year ended September 30, 2016, 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 5, which was certified by Principal Trust Company, the trustee of the 401(k) profit sharing portion 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 September 30, 2016 and 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

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Frisco, Texas 75034
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Fax (469) 574-5777

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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 at end of year) as of September 30, 2016, 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 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 8, 2017

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

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
September 30, 2016 and 2015

	2016	2015
ASSETS:		
Investments:		
Nonparticipant-directed investment in common stock, at estimated fair value	$ 66,721,036	$ 61,179,989
Participant-directed investments in registered investment companies (mutual funds), at fair value	41,144,491	37,151,419
Nonparticipant-directed investment in registered investment company (mutual fund), at fair value	8,726	8,682
Total investments	107,874,253	98,340,090
Receivables:		
Employer's cash contribution receivable	5,758,430	5,298,989
Other employer cash contributions receivable	-	8,763
Notes receivable from participants	434,134	336,886
Total receivables	6,192,564	5,644,638
TOTAL ASSETS	114,066,817	103,984,728
NET ASSETS AVAILABLE FOR BENEFITS	$ 114,066,817	$ 103,984,728

The accompanying notes are an integral part of these financial statements.

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

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended September 30, 2016

ADDITIONS		
Additions to net assets attributed to:		
Investment Income:		
Net appreciation in estimated fair value of nonparticipant-directed investments in common stock	$	5,541,047
Net appreciation in fair value of participant-directed investments in registered investment companies		3,050,027
Dividends on nonparticipant-directed common stock		2,452,170
Dividends on participant-directed investments in registered investment companies		550,982
Interest		23,095
Contributions:		
Employer's		5,758,430
Participants'		2,576,000
Rollovers		172,591
Other employer contributions		602
TOTAL ADDITIONS		20,124,944
DEDUCTIONS		
Deductions from net assets attributed to:		
Participant withdrawals		9,968,917
Corrective distributions		1,761
Administration expenses		72,177
TOTAL DEDUCTIONS		10,042,855
NET INCREASE		10,082,089
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING		103,984,728
NET ASSETS AVAILABLE FOR BENEFITS, ENDING	$	114,066,817

The accompanying notes are an integral part of these financial statements.

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

NOTES TO FINANCIAL STATEMENTS
September 30, 2016 and 2015

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 be 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. A Plan Administrator appointed by the Advisory Committee administers the Plan.

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 Amendments

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.

The administration committee of the Plan amended and restated the Plan effective October 1, 2011. As a result of the amendment, for Plan years commencing on or after October 1, 2011, no safe harbor contributions shall be made with respect to compensation earned on or after October 1, 2011, by any eligible or short-term employees. Beginning October 1, 2011, all new employees who do not make a contribution election will enter the automatic enrollment feature of the Plan at a 2% contribution rate. For initial automatically enrolled participants, their salary reduction agreement was next adjusted on January 1, 2013, by 1.5% and continues to be adjusted on the subsequent anniversaries of such date by 1.5% per year until their election reduction reaches 10% or until such initial automatic participant makes an affirmative election by executing a salary reduction agreement. Distribution requests received within 120 days of the last day of the Plan Year will be valued as of the valuation date immediately preceding the actual date of distribution. Distribution forms received on or after the 121st day shall be delayed until after the end of the then current Plan year and will be valued as of the valuation date on the last day of the then current Plan year.

Effective October 1, 2012, the Plan's retirement date definition was revised to the actual date on which the participant attains his 65th birthday or 5th anniversary of Plan participation commencement, whichever occurs later; or the date on which the participant is at least 50 years of age and the sum of the participant's age in years and vesting years of service equal at least 75 years. If a participant satisfies both definitions, the participant shall elect the date, which shall be his retirement date.

Effective as of October 1, 2013, the Plan was amended to clarify distributions following a participant's termination of employment, retirement, or death. The vested portion of such participant's company contribution account and ESOP account shall now be credited to a separate account ("Employment Termination Account") which shall be fully vested and non-forfeitable. The Company stock shall be divested at the value for such Company stock established as of the valuation date next following the participant's termination of employment. The proceeds from such divestiture shall be reinvested in one or more investment funds in accordance with the participant's election. To the extent the participant fails to direct the investment, such amount shall be invested in the investment fund or funds selected by the Trustee as the qualified default investment account.

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

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 contribute enough to fund the repurchase of participant shares that have been distributed under the terms of the Plan as long as the shares are not publicly traded. During fiscal year end September 30, 2016 and September 30, 2015, the Company contributions to the Plan were used to repurchase from participants 708,657 and 763,197 shares, respectively, at prices determined from independent appraisals. These shares were reallocated to remaining eligible participants at the Plan's year-end.

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. 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 25 mutual funds and a short-term investment fund as investment options for the 401(k)/PSP 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.

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

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.

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.

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

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 that 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 twenty-five percent of the number of shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to fifty percent. 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. At September 30, 2016 and 2015, employer contributions receivable to the Plan were reduced by $159,225 and $115,211, respectively, from forfeited non-vested accounts.

Notes Receivable from Participants

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 fifty percent 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

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.

Investment Valuation and Income Recognition

The common shares of First Command Financial Services, Inc. (FCFS) are valued at estimated fair value on September 30, 2016 and 2015. An independent appraisal firm determined fair value.

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 as well as held during the year.

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.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Reclassifications

Reclassifications have been made to the fiscal 2015 financial statements and notes to conform to the fiscal 2016 presentation. Any reclassification affects neither the net assets available for benefits nor the change in net assets of the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Administrative Expenses

Certain expenses incurred in the administration of the Plan are paid directly by the Company.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

For the year ended September 30, 2016, the Plan has evaluated subsequent events for potential recognition and disclosure through May 8, 2017, which is the date the financial statements were available to be issued.

NOTE 3 – INVESTMENTS

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

	September 30, 2016		September 30, 2015	
Common Stock of FCFS, 6,158,088 and 6,158,088 shares, respectively	$ 66,721,036	*	$ 61,179,989	*
Fidelity Advisor New Insights Z Fund, 246,942 and 246,944 shares, respectively	6,958,840		6,727,778	

* Nonparticipant-directed

During fiscal year 2016, the Plan's investments (including gains and losses investments bought and sold, as well as held during the year) appreciated as follows:

Mutual funds	$ 3,050,027
Common stock of FCFS	5,541,047

NOTE 4 - NONPARTICIPANT-DIRECTED INVESTMENTS

IN COMMON STOCK:
The Plan's nonparticipant-directed investments in First Command Financial Services, Inc. common stock at September 30, 2016 and 2015, is as follows:

	2016	2015
Number of Shares	6,158,088	6,158,088
Cost	$ 7,043,212	$ 7,043,212
Estimated Fair Value	$ 66,721,036	$ 61,179,989

NOTE 4 - 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, 2016
Changes in net assets:	
Employer contribution	$ 5,748,430
Dividend on common stock	2,452,170
Net appreciation	5,541,047
Benefits paid to participants	(7,055,218)

The estimated fair value of nonparticipant-directed investments including the money market fund and common stock represents approximately sixty-four percent and fifty-nine percent of the Plan's net assets at September 30, 2016 and 2015, respectively.

NOTE 5 - INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

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 trustee of the 401(k)/PSP portion of the Plan, Principal 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. These investments are all participant-directed.

	September 30, 2016	2015
Investments, at fair value:		
Mutual funds - equities	$ 27,048,445	$ 24,704,087
Mutual funds - balanced/asset allocation	9,295,579	8,468,255
Mutual funds - fixed income	3,113,852	2,470,874
Mutual funds - other	-	44,605
Mutual funds - money market	1,686,615	1,463,598
Notes receivable from participants	434,082	336,886
Investment income:		
Net appreciation (depreciation)	$ 3,050,027	$ (2,322,392)
Dividends	550,982	577,339
Interest	23,051	19,221

The investments are included in the supplemental schedule of assets (held at end of year).

NOTE 6 - FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology included

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset of liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2016 and 2015.

Common stock: Valued at fair value determined by an annual independent appraisal.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year-end.

NOTE 6 - FAIR VALUE MEASUREMENTS (continued)

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value on a recurring basis as of September 30, 2016 and 2015:

	Assets at Fair Value as of September 30, 2016			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity funds: Large U.S.	$ 14,803,462	$ -	$ -	$ 14,803,462
Equity funds: Small/Mid U.S.	5,644,455	-	-	5,644,455
Equity funds: International	6,600,528	-	-	6,600,528
Balanced/asset allocation funds	9,295,579	-	-	9,295,579
Fixed income funds	3,113,852	-	-	3,113,852
Money market funds	1,695,341	-	-	1,695,341
Total mutual funds	41,153,217	-	-	41,153,217
Common stock of FCFS	-	-	66,721,036	66,721,036
Total assets at fair value	$ 41,153,217	$ -	$ 66,721,036	$ 107,874,253

	Assets at Fair Value as of September 30, 2015			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity funds: Large U.S.	$ 13,400,900	-	-	13,400,900
Equity funds: Small/Mid U.S.	4,936,766	-	-	4,936,766
Equity funds: International	6,366,421	-	-	6,366,421
Balanced/asset allocation funds	8,468,255	-	-	8,468,255
Fixed income funds	2,470,874	-	-	2,470,874
Other	44,605	-	-	44,605
Money market funds	1,472,280	-	-	1,472,280
Total mutual funds	37,160,101	-	-	37,160,101
Common stock of FCFS	-	-	61,179,989	61,179,989
Total assets at fair value	$ 37,160,101	-	61,179,989	98,340,090

NOTE 6 - FAIR VALUE MEASUREMENTS (continued)

During fiscal years 2016 and 2015, there were no transfers from Level 1, Level 2, or Level 3.

Level 3 Gains and Losses

The following tables set forth a summary of changes in the fair value of the Plan's Level 3 assets for the years-ended September 30, 2016 and 2015:

	Level 3 Assets Year Ended September 30, 2016	
	Common Stock	Total
Balance, beginning of year	$ 61,179,989	$ 61,179,989
Unrealized gain relating to common stock held at the reporting date	5,541,047	5,541,047
Balance, end of year	$ 66,721,036	$ 66,721,036
The amount of total gains or losses for the period attributable to the change in unrealized gains or losses relating to assets still held at the reporting date.	$ 5,541,047	$ 5,541,047

	Level 3 Assets Year Ended September 30, 2015	
	Common Stock	Total
Balance, beginning of year	$ 68,074,584	68,074,584
Unrealized loss relating to common stock held at the reporting date	(6,894,595)	(6,894,595)
Balance, end of year	$ 61,179,989	61,179,989
The amount of total gains or losses for the period attributable to the change in unrealized gains or losses relating to assets still held at the reporting date.	$ (6,894,595)	(6,894,595)

The common stock of FCFS is 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. Two generally accepted valuation approaches, the market approach and the income approach, were used to arrive at the opinion of value. 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 the Company assets and liabilities. The appropriate discount for limited marketability was also taken into consideration.

NOTE 7 - ADMINISTRATION OF PLAN ASSETS AND RELATED PARTY TRANSACTIONS

An independent third-party trust company is custodian of the assets that are nonparticipant-directed. The ESOP Trustee, who invests cash received and earnings of the Plan and is responsible for making distributions out of the Plan, manages company contributions.

Principal Trust Company, trustee of the 401(k)/PSP portion of the Plan, is a subsidiary of the Principal Financial Group. Therefore, investments in Principal mutual funds qualify as party-in-interest transactions.

Officers or employees of the Company or its subsidiaries perform certain administrative functions. No such officer or employee receives compensation from the Plan. Administrative expenses for the ESOP Trustee and its custodian and $20,000 of annual record keeper fees are paid directly by the Company. The Company made additional payments of approximately $189,602 and $177,560 during 2016 and 2015, respectively, for administrative fees that will not be reimbursed by the Plan.

These transactions are exempt party-in-interest transactions.

NOTE 8 - 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, 2016 and 2015, the Plan did not have a loan balance outstanding.

The contribution to the Plan from the employer at September 30, 2016 and 2015 consists of:

	2016	2015
Distributions to former participants	$ 2,602,236	$ 4,594,285
Participant diversification elections	1,780,138	494,392
Transfer of terminated ESOP participant balances to participant-directed investments	1,376,056	210,312
Receivable: Employer's contribution	5,758,430	5,298,989
Forfeitures allocated – shares and cash	159,225	115,211
Total employer contribution	$ 5,917,655	$ 5,414,200

The employer paid cash dividends of $2,452,170 and $2,827,093 on common stock shares owned by the Plan during the fiscal years ending September 30, 2016 and 2015, respectively.

NOTE 9 - 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, 2016 and 2015, to Schedule H of Form 5500:

	2016	2015
Net assets available for benefits per the financial statements	$ 114,066,817	$ 103,984,728
Less: Amounts allocated to withdrawing participants	(4,648,717)	(7,055,218)
Net assets available for benefits per Schedule H to the Form 5500	$ 109,418,100	$ 96,929,510

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended September 30, 2016 to Schedule H of Form 5500:

Benefits paid to participants per the financial statements	$ 9,968,917
Add: Amounts allocated to withdrawing participants at September 30, 2016	4,648,717
Less: Amounts allocated to withdrawing participants at September 30, 2015	(7,055,218)
Benefits paid to participants per Schedule H of Form 5500	$ 7,562,416

Net assets available for benefits at September 30, 2016 includes $4,648,717 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 from the ESOP portion of the Plan to the former participants are payable in February 2017 and the amounts from the 401(k)/PSP portion of the Plan are payable throughout the fiscal year.

Net assets available for benefits at September 30, 2015 includes $7,055,218 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 from the ESOP portion of the Plan to the former participants were paid in February 2016 and the amounts from the 401(k)/PSP portion of the Plan were paid throughout the fiscal year.

NOTE 10 - TAX STATUS

The Plan obtained its latest determination letter on May 29, 2014, 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. The Plan administrator believes the Plan is no longer subject to income tax examinations for fiscal years prior to October 1, 2012 - September 30, 2013.

NOTE 11 – CONCENTRATIONS

As of September 30, 2016, and 2015, approximately sixty-four percent and fifty-nine percent of the plan's assets were invested in First Command Financial Services, Inc., common stock, respectively. The underlying value of the shares is dependent on the performance of First Command Financial Services, Inc. and the market's overall view of the financial services industry and its performance. It is at least reasonably possible that changes in the fair value of First Command Financial Services, Inc. common stock in the near term could materially affect participants' account balances and the amounts reported in the statement of assets available for benefits and the statement of changes in assets available for benefits.

NOTE 12 - 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, 2016

(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 (6,158,088 shares)	$ 7,043,212	66,721,036
	Bank of Montreal	Registered investment company BMO PRIME MONEY MARKET FUND	8,726	8,726
*	Principal Funds Inc.	Registered investment company MONEY MARKET INST FUND	0	1,686,615
	Fidelity Management & Research	Registered investment company FIDELITY ADV NEW INSIGHTS I FUND	0	6,958,840
	MFS Investment Management	Registered investment company MFS MASS INV GROWTH STK R6 FUND	0	1,255,422
	Aston Asset Management	Registered investment company ASTON/FAIRPOINTE MID CAP I FUND	0	3,658,449
	Franklin Templeton Investments	Registered investment company FRANKLIN MUTUAL GLOBAL DISC R6 FUND	0	5,314,698
	AMG Funds	Registered investment company AMG YACKTMAN SERVICE FUND	0	2,304,791
	Franklin Templeton Investments	Registered investment company FRANKLIN LIFESMART RET INC R6 FUND	0	1,640,151
	Franklin Templeton Investments	Registered investment company MUTUAL SHARES R6 FUND	0	1,385,513
	Franklin Templeton Investments	Registered investment company FRANKLIN U. S. GOV'T SEC R6 FUND	0	1,339,836
	Invesco Funds Group, Inc.	Registered investment company INVESCO INTL GROWTH R6 FUND	0	297,146
	First Pacific Advisors, LLC	Registered investment company FPA CRESCENT FUND	0	433,669
	Franklin Templeton Investments	Registered investment company FRANKLIN LIFESMART 2025 R6 FUND	0	2,617,563
	Artisan Mutual Funds	Registered investment company ARTISAN INTL VALUE INV FUND	0	988,683
*	Principal Funds Inc.	Registered investment company DIVERSIFIED REAL ASSET INST FUND	0	429,925
	Franklin Templeton Investments	Registered investment company FRANKLIN CONSER ALLOC R6 FUND	0	488,155
	Franklin Templeton Investments	Registered investment company FRANKLIN LIFESMART 2035 R6 FUND	0	2,124,469
	Franklin Templeton Investments	Registered investment company FRANKLIN LIFESMART 2045 R6 FUND	0	1,409,315
	Franklin Templeton Investments	Registered investment company TEMPLETON GLOBAL BOND R6 FUND	0	457,083
	The Royce Funds	Registered investment company ROYCE TOTAL RETURN INST FUND	0	489,218
	Pioneer Mutual Funds	Registered investment company PIONEER STRATEGIC INCOME K FUND	0	668,276
	Robert W. Baird & Co. Inc.	Registered investment company BAIRD CORE PLUS BOND I FUND	0	648,658
*	Principal Funds Inc.	Registered investment company PRIN LARGE CAP GROWTH I INST FUND	0	1,628,608

The accompanying notes are an integral part of this schedule.

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, 2016

(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
*	Principal Funds Inc.	Registered investment company PRIN MIDCAP INST FUND	$ 0	1,496,788
*	Principal Funds Inc.	Registered investment company PRIN EQUITY INCOME INST FUND	0	457,267
	Franklin Templeton Investments	Registered investment company FRANKLIN LIFESMART 2055 R6 FUND	0	152,332
*	Principal Funds Inc.	Registered investment company PRIN LARGE CAP S&P 500 IDX INST FUND	0	813,022
*	Participant Loans	Range of interest rates from 6.25% to 6.25%	0	434,134

* Represents a party-in-interest

The accompanying notes are an integral part of this schedule.

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

PLAN NAME: FIRST COMMAND FINANCAIL PLANNING, INC.
401(K) EMPLOYEE STOCK OWNERSHIP PLAN
EIN 75-1054341
PLAN NUMBER 001
PLAN YEAR 10/01/2015 to 09/30/2016

(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
	Artisan	Registered Investment Company Artisan Intl Value Inv Fund	$0.00	$988,683.33
	Aston Asset Management	Registered Investment Company Aston/Fairpointe Mid Cap I Fd	$0.00	$3,658,448.59
	AMG Funds	Registered Investment Company AMG Yacktman Service Fund	$0.00	$2,304,790.76
	Baird	Registered Investment Company Baird Core Plus Bomd I Fund	$0.00	$648,657.85
*	First Command	Employer Security ESOP - Employer Securities	$7,043,212.00	$66,721,036.24
	Bank of Montreal	Interest Bearing Cash BMO Prime Money Market Fund	$8,725.87	$8,725.87
	Fidelity Investments	Registered Investment Company Fidelity Adv New Insights Z Fund	$0.00	$6,958,839.97
	First Pacific Advisors, LLC.	Registered Investment Company FPA Crescent Fund	$0.00	$433,668.83
	Franklin Templeton Investments	Registered Investment Company Franklin Conser Alloc R6 Fund	$0.00	$488,154.70
	Franklin Templeton Investments	Registered Investment Company Franklin Lifesm Ret Inc R6 Fd	$0.00	$1,640,151.26
	Franklin Templeton Investments	Registered Investment Company Franklin Lifesmart 2025 R6 Fd	$0.00	$2,617,563.05
	Franklin Templeton Investments	Registered Investment Company Franklin Lifesmart 2035 R6 Fd	$0.00	$2,124,469.23
	Franklin Templeton Investments	Registered Investment Company Franklin Lifesmart 2045 R6 Fd	$0.00	$1,409,314.80

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

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

PLAN NAME: FIRST COMMAND FINANCAIL PLANNING, INC.
401(K) EMPLOYEE STOCK OWNERSHIP PLAN
EIN 75-1054341
PLAN NUMBER 001
PLAN YEAR 10/01/2015 to 09/30/2016

(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 Franklin Lifesmart 2055 R6 Fd	$0.00	$152,331.82
	Franklin Templeton Investments	Registered Investment Company Franklin Mutual Glb Disc R6 Fd	$0.00	$5,314,698.08
	Franklin Templeton Investments	Registered Investment Company Franklin Mutual shares R6 Fund	$0.00	$1,385,513.31
	Franklin Templeton Investments	Registered Investment Company Franklin US Govt Sec R6 Fund	$0.00	$1,339,836.14
	Invesco Funds Group, Inc.	Registered Investment Company Invesco Intl Growth R6 Fund	$0.00	$297,146.49
	MFS Investment Management	Registered Investment Company MFS Mass Inv Growth Stk R6 Fd	$0.00	$1,255,421.58
*	Principal Funds Inc	Registered Investment Company Prin Div Real Asset Inst Fund	$0.00	$429,925.01
*	Principal Funds Inc	Registered Investment Company Prin Equity Income Inst Fund	$0.00	$457,266.97
*	Principal Funds Inc	Registered Investment Company Prin LgCap Growth I Inst Fund	$0.00	$1,628,607.85
*	Principal Funds Inc	Registered Investment Company Prin LgCap S&P Idx Inst Fd	$0.00	$813,021.72
*	Principal Funds Inc	Registered Investment Company Prin MidCap Inst Fund	$0.00	$1,496,787.86
*	Principal Funds Inc	Registered Investment Company Prin Money Market Inst Fund	$0.00	$1,686,614.64
	Pioneer	Registered Investment Company Pioneer Strategic Income K Fund	$0.00	$668,275.85

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

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

PLAN NAME: FIRST COMMAND FINANCAIL PLANNING, INC.
401(K) EMPLOYEE STOCK OWNERSHIP PLAN
EIN 75-1054341
PLAN NUMBER 001
PLAN YEAR 10/01/2015 to 09/30/2016

(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
	The Royce Funds	Registered Investment Company Royce Total Return Inst Fund	$0.00	$489,218.05
	Franklin Templeton Investments	Registered Investment Company Templeton Global Bond R6 Fund	$0.00	$457,082.81
*	Participant Loans	Range of Interest Rates Rates Range From 6.25% To 6.25%	$0.00	$434,134.00

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