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 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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 10/01/2019 and ending 09/30/2020

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FIRST 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 817-569-2344

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.	07/14/2021	HEIDI CERBONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2021	HEIDI CERBONE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	915
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)**	753
a(2) Total number of active participants at the end of the plan year	**6a(2)**	761
b Retired or separated participants receiving benefits	**6b**	2
c Other retired or separated participants entitled to future benefits	**6c**	178
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	941
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	942
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	917
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	26
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 2I 2J 2O 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)

(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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 10/01/2019 and ending 09/30/2020

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).. . . . . [X] 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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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	114202	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: HINCKLEY COOK PC	**b** EIN:	75-2799562
c	Position: ACCOUNTANT		
d	Address: 2005 E LAMAR BLVD #100 ARLINGTON, TX 76006	**e** Telephone:	817-265-1040

Explanation: CHANGE IN AUDIT STAFF CAUSED US TO REEVALUATE OUR PARTNERSHIP. FOUND A LARGER FIRM WITH MORE EXPERTISE FOR A LOWER PRICE. NO DISPUTES OR MATTERS OF DISAGREEMENT CAUSED THE TERMINATION.

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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 10/01/2019 and ending 09/30/2020

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

B Three-digit plan number (PN) ▶ 001

C Plan or DFE 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 **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: MORLEY STABLE VALUE FUND

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

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)
93-6274329-001	C	559730

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

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

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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 10/01/2019 and ending 09/30/2020

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)	6854829	6908776
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
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)	706452	650005
(9) Value of interest in common/collective trusts	1c(9)	289298	559730
(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)	55742566	57735981
(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)	116263470	120628939
	(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	179856615	186483431
	Liabilities			
g	Benefit claims payable	1g	12820006	
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	12820006	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	167036609	186483431

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)	7376481	
	(B) Participants	2a(1)(B)	3307973	
	(C) Others (including rollovers)	2a(1)(C)	1087389	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		11771843
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(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)	36974	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		36974
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	10614849	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	815735	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		11430584
	(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)	4365469	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		4365469

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		20372
(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)		4185788
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		31811030
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12196332	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	408	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		12196740
f Corrective distributions (see instructions)	2f		53266
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)	114202	
(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)		114202
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12364208
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		19446822
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) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: BAKER TILLY US, LLP **(2)** EIN: 39-0859910

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	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	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			

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

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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 sections 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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 10/01/2019 and ending 09/30/2020

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 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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

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

Financial Statements and
Supplemental Schedule with
Independent Auditors' Report

September 30, 2020 and 2019

bakertilly

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

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Note: Supplemental schedules, other than those listed above, are omitted because of the absence of conditions under which they are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Plan Participants of
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 (the "Plan"), which comprise the statement of net assets available for benefits as of September 30, 2020, and the related statement of changes in net assets available for benefits for the year ended September 30, 2020, 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 ("U.S. GAAP"); this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), 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 Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, collectively the trustees of the Plan, and Benefit Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the 2020 financial statements. We have been informed by the plan administrator that the trustees and custodian hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustees and custodian as of and for the year ended September 30, 2020, that the information provided to the Plan Administrator by the trustees and custodian 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 on the 2020 financial statements. Accordingly, we do not express an opinion on the 2020 financial statements.

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Other Matter – Supplemental Schedule

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of September 30, 2020, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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 this supplemental schedule.

Other Matter - 2019 Financial Statements

The financial statement of the Plan as of September 30, 2019 was audited by a predecessor auditor. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditor not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustees and custodian. Their report, dated July 14, 2020, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustees and custodian, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance With DOL Rules and Regulations 2020

The form and content of the information included in the 2020 financial statements and supplemental schedule, other than that derived from the information certified by the trustees and 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Baker Tilly US, LLP
Plano, Texas
July 14, 2021

FIRST COMMAND FINANCIAL PLANNING, INC. 401(K) - EMPLOYEE STOCK OWNERSHIP PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2020 AND 2019

	2020	2019
ASSETS		
Investments, at fair value:		
Mutual funds of registered investment companies	$ 57,743,807	$ 55,742,566
Common collective trust	551,904	289,298
First Command Financial Planning, Inc. common stock	120,628,939	116,263,470
Total investments, at fair value	178,924,650	172,295,334
Receivables:		
Notes receivable from participants	650,005	706,452
Company contribution	6,908,776	6,854,829
Total receivables	7,558,781	7,561,281
Total assets	186,483,431	179,856,615
Net assets available for benefits	$186,483,431	$179,856,615

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
FOR THE YEAR ENDED SEPTEMBER 30, 2020

Additions to net assets available for benefits attributed to:		
Investment income:		
Interest, dividends and other income	$	13,052,691
Net appreciation of fair value of investments		6,949,522
Total investment income		20,002,213
Interest on notes receivable from participants		36,974
Contributions:		
Participants		3,307,973
Rollovers and other		1,087,389
Company, net		7,376,481
Total contributions		11,771,843
Total additions		31,811,030
Deductions from net assets available for benefits attributed to:		
Benefits paid directly to participants		25,070,012
Administrative expenses		114,202
Total deductions		25,184,214
Net increase in net assets available for benefits		6,626,816
Net assets available for benefits:		
Beginning of year		179,856,615
End of year	$	186,483,431

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

1 – DESCRIPTION OF PLAN

GENERAL

The First Command Financial Planning, Inc. 401(k) Employee Stock Ownership Plan (the "Plan") is a defined contribution plan that consists of a 401(k) component and an employee stock ownership plan ("ESOP") subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The ESOP component is designed to comply with Section 4975(e)(7) and the regulations there under of the Internal Revenue Code of 1986 as amended ("IRC"). The Plan was established on November 5, 1964, and covers substantially all employees of First Command Financial Planning, Inc. (the "Company"). The Trustees are Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (the "Trustees" or "Principal"), and the Custodian is Benefit Trust Company (the "Custodian" or "Benefit Trust"). An independent third party serves as the ESOP 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 following description provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

ELIGIBILITY

For the 401(k) component, employees of the Company, as defined by the Plan document, who had attained an age of eighteen, are eligible to participate in the Plan on the date of hire for purposes of elective participant contributions, excluding employees covered by a collective bargaining agreement, nonresident aliens, and leased employees. The Plan utilizes automatic enrollment for newly hired employees. Employees are automatically enrolled at a rate of 2% of employee eligible compensation and are increased by 1.5% annually, up to a maximum of 10%. For the ESOP component, after one year of service, which is defined as a 12-consecutive month period during which the employee is credited with at least 1,000 hours of service, and after attainment of age eighteen, an eligible employee shall become a participant for purposes of eligibility to receive allocations of Company ESOP contributions. 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 ESOP contributions for such year.

PARTICIPANT ACCOUNTS

The Plan is a defined contribution plan under which a separate individual account is established for each participant. Each participant's account is credited as of the last day of each Plan year with an allocation of shares of the Company's common stock released by the Trustee, if applicable, forfeitures of terminated participants' non-vested accounts and Company ESOP contributions. Allocations are based on a participant's eligible compensation, relative to total compensation. Subject to certain limitations on annual additions, each participant's account in the 401(k) component is credited with their elective deferrals and an allocation of Plan earnings or losses, and charged with administrative expenses related to notes receivable from participant and distribution fees, if requested by participants. For the ESOP component the allocations of earnings or losses, are based on participant account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

CONTRIBUTIONS

A participant may elect to contribute between 1% and 75% of his or her pretax or after-tax (Roth) compensation, subject to certain maximum limitations imposed by the IRC ($19,500 for 2020). Employees who are eligible to make elective deferrals under the Plan and who have attained the age of fifty before the close of the calendar year are also eligible to make catch-up contributions subject to the maximum limitation imposed by the IRC ($6,500 for 2020). Rollover contributions representing distributions from other qualified defined benefit or defined contributions plans are permitted by the Plan.

1 – DESCRIPTION OF PLAN, CONTINUED

CONTRIBUTIONS, CONTINUED

Each year the Company may make contributions to the Plan based on an amount of current profits as determined by the Company's Board of Directors, as an ESOP contribution. The Company may also make its Company ESOP contribution to the Trust fund once each Plan year, and it shall be deemed to have been made and shall be allocated to the ESOP contribution accounts of eligible participants based on the external valuation price of Company common stock as of the plan's year end.

INVESTMENT OPTIONS

The Plan provides for participants to direct employee contributions into a variety of investment options, including a common collective trust and mutual funds of registered investment companies, in accordance with participant investment elections and the provisions of the Trust agreement.

DISTRIBUTIONS TO PARTICIPANTS

Distributions on account of death, disability, retirement, or termination of employment are made in a lump sum as soon as administratively feasible for the 401(k) component. For the ESOP component, the amount to be distributed is based upon the valuation as of the Plan year-end following the distributable event. Distributions are made in cash for participants with elections. For those participants with no elections, their respective investment in the Company common stock are liquidated and are reinvested according to the participant's investment elections in the 401(k) component.

VESTING

Participants are immediately vested in their participant elective deferrals and rollovers, plus actual earnings, thereon. Vesting in the Company's ESOP contributions and any earnings thereon, vest 20% per year beginning after two years of service, and are 100% vested after six years or upon occurrence of the participant's retirement, death, or disability, as defined by the Plan document.

FORFEITURES

Forfeitures of non-vested shares are allocated to current participants based upon the ratio of participants' covered compensation to total covered compensation for all eligible participants for the ESOP component or to reduce Plan expenses for the 401(k) component. As of September 31, 2020 and 2019, forfeited non-vested 401(k) accounts totaled $2,191 and $1,980, respectively, and there were no forfeited non-vested ESOP account balances. No forfeitures were used to reduce Plan expenses for the 401(k) component, and forfeitures of $467,706 were allocated to participants for the ESOP component for the year ended September 30, 2020.

ADMINISTRATIVE EXPENSES

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants and distributions paid to participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

1 – DESCRIPTION OF PLAN, CONTINUED

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their 401(k) portion of their accounts a minimum of $3,000 up to a maximum of the lesser of $50,000 or 50% of their vested account balance, subject to certain restrictions as defined by the Internal Revenue Service ("IRS"). The notes are secured by the balance in the participant's account and bear interest at a rate determined reasonable by the Plan Administrator. Terms are generally limited to a maximum of three years, except for purchase of a primary residence which terms are a maximum of five years. Repayments are made through payroll deductions and are reinvested in the participant accounts according to individual investment elections. At September 30, 2020, existing notes receivable from participants ranged in maturity from October 2020 through September 2023 and hold interest rates of 6.25%. At September 30, 2019, existing notes receivable from participants range in maturity from October 2020 through September 2022 and hold interest rates of 6.25%.

PUT OPTION

Under federal income tax regulations, the Company common 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 appraised value of the stock. The Company can pay for the purchase with interest generally over a period of five years. The purpose of the put option is to ensure participants have the ability to ultimately obtain cash for the value of their vested shares upon meeting eligibility requirements of the Plan.

VOTING RIGHTS

Each participant is entitled to exercise voting rights attributable to the shares allocated to his or her account and is notified by the trustee prior to the time that such rights are to be exercised. The ESOP Trustee will vote the shares of the stock which are not allocated to any participant's account and shares that have been allocated to the participant's account but for which no voting directions have been received in the same proportion as the ESOP Trustee votes the shares for which they have received voting instructions.

DIVERSIFICATION

Diversification in the ESOP component of a participant account is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investments in Company common stock into investments that are more diversified. Participants who are at least age fifty-five, with at least ten years of participation in the Plan, may elect to diversify a portion of their account. In each of the first five years following age fifty-five, a participant may diversify up to 25% of the number of shares allocated to their account, less any shares previously diversified. In the sixth year, the percentage increases to 50%. Such diversification is accomplished by allowing the participant to transfer a portion of their ESOP account balance to a participant-directed account invested under various investment options.

PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right 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 percent vested in their Company ESOP contributions.

1 – DESCRIPTION OF PLAN, CONTINUED

CORONAVIRUS AID RELIEF AND ECONOMIC SECURITY ACT

During 2020, Plan management approved a resolution to adopt certain provisions of the Coronavirus Aid Relief and Economic Security Act ("CARES Act"). The Plan elected the distribution provision under the CARES Act. The maximum dollar amount that can be requested per participant is $100,000 without a 10% early withdrawal penalty. These CARES Act distributions are available for repayment through the last day of the Plan year that begins in 2022. For eligible CARES Act distribution requests, all vested contribution sources are made available and restrictions based on age or length of participation in the Plan do not apply. CARES Act distributions may be repaid to the Plan within three years; income taxes may be spread ratably over three years.

The Plan elected to temporarily suspend required minimum distributions ("RMDs") under the CARES Act. This provision provides relief to individuals who would otherwise be required to take RMDs from retirement accounts due to economic slowdown due to COVID-19. This provision applies to participants who have reached the age of 70 ½ during 2019 but who have not yet taken RMDs in 2020. In addition, the Plan also elected to suspend RMDs for participants who reach age 72 in 2020 following the Setting Every Community Up for Retirement Enhancement Act ("SECURE Act"). If a participant has received RMDs in 2020, they may be able to recontribute these amounts back into the Plan in the form of direct rollovers.

The Plan also adopted certain loan provisions of the CARES Act. Through September 23, 2020, participants are eligible to borrow up to $100,000 from their vested account balance, reduced by the highest balance of any notes outstanding during the previous twelve months. Repayments of existing notes receivable from participants can be deferred until December 31, 2020. Notes will be re-amortized to include accrued interest during the deferred payment period, and repayments began in January 2021.

2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared under the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

ESTIMATES AND ASSUMPTIONS

The preparation of financial statements in conformity with U.S. GAAP requires the Plan's management to make estimates and assumptions that affect certain reported amounts of assets and liabilities, changes therein, and associated disclosures. Accordingly, actual results may vary from the estimates used in preparing the accompanying financial statements.

BENEFITS

Benefits are recorded when paid.

2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The income or loss earned on participant accounts is allocated on a daily basis using the previous day's ending account balance. Net appreciation of fair value of investments includes the Plan's gains and losses on the investments bought and sold, as well as held during the year.

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balances plus any accrued unpaid interest. Interest income is recorded on the accrual basis. Delinquent notes receivable from participants are reclassified as distributions based upon terms of the Plan document or note policy of the Plan.

ALLOCATIONS

The financial statements of the Plan's ESOP component present the assets and liabilities and changes therein pertaining to the accounts of participants with rights in allocated stock. There were no unallocated shares of Company common stock at September 30, 2020 and 2019.

RECLASSIFICATIONS

Certain reclassifications have been made to the 2019 financial statements to conform to the 2020 financial statement presentation. These reclassifications had no effect on net assets available for benefits.

RECENT ACCOUNTING STANDARDS

In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2018-13, Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement. ASU No. 2018-13 modifies the disclosure requirements for fair value measurements in Topic 820, Fair Value Measurement. The amendments are based on the concepts in the FASB Concepts Statement, Conceptual Framework for Financial Reporting—Chapter 8: Notes to Financial Statements, which the Board finalized on August 28, 2018. ASU No. 2018-13 is effective for fiscal years beginning after December 15, 2019. Management has adopted the provisions of this new standard for the year ended September 30, 2020. This standard was retroactively applied.

3 – FAIR VALUE MEASUREMENTS

INVESTMENT VALUATION AND LEVELING

FASB Accounting Standards Codification ("ASC") Topic 820 for Fair Value Measurements and Disclosures provides the 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:

3 – FAIR VALUE MEASUREMENTS, CONTINUED

INVESTMENT VALUATION AND LEVELING, CONTINUED

Investments measured and reported at fair value are classified and disclosed in one of the following categories:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 Significant observable inputs other than quoted prices in active markets for which inputs to the valuation methodology include:

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

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

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

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

In establishing a fair value hierarchy for the Plan's investments in accordance with ASC 820, the following value methodologies were used for each type of investment:

Company common stock: Valued at the estimated fair value as of the valuation date, as determined by an independent appraiser. This appraisal was based upon a combination of the income and market approaches. The appraiser took into account current and historical financial information, market comparables, and other information regarding current and historical economic conditions.

Mutual funds of registered investment companies: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common collective trust: Valued at the NAV of shares held by the Plan at year end, as determined by Principal Global Investors Trust. The NAV, as provided by Principal Global Investors Trust, is used to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. The fair values are not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the common collective trusts, the investment advisor reserves the right to temporarily delay withdrawals in order to ensure that securities liquidations will be carried out in an orderly business manner. There were no unfunded commitments on these accounts as of September 30, 2020 and 2019.

3 – FAIR VALUE MEASUREMENTS, CONTINUED

INVESTMENT VALUATION AND LEVELING, CONTINUED

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments, at fair value as of September 30, 2020:

	Level 1	Level 2	Level 3	Total
Mutual funds of registered investment companies	$ 57,743,807	$ -	$ -	$ 57,743,807
Common collective trust	-	551,904	-	551,904
Company common stock	-	-	120,628,939	120,628,939
Total investments, at fair value	$ 57,743,807	$ 551,904	$ 120,628,939	$ 178,924,650

The following table sets forth by level, within the fair value hierarchy, the Plan's investments, at fair value as of September 30, 2019:

	Level 1	Level 2	Level 3	Total
Mutual funds of registered investment companies	$ 55,742,566	$ -	$ -	$ 55,742,566
Common collective trust	-	289,298	-	289,298
Company common stock	-	-	116,263,470	116,263,470
Total investments, at fair value	$ 55,742,566	$ 289,298	$ 116,263,470	$ 172,295,334

CHANGES IN FAIR VALUE OF LEVEL 3 ASSETS

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 investment for the years ended September 30, 2020 and 2019:

	Level 3 Assets Year Ended September 30, 2020
Purchases	17,953,592
Sales	(17,953,592)

The common stock of First Command Financial Planning, Inc. is not actively traded and significant other observable inputs are not available. The fair value of the common stock 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 as of September 30, 2020 and 2019. 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. The preceding methods described may produce a fair value calculation that may not be indicative of net realized value or reflected of future values. Although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

4 – NON PARTICIPANT DIRECTED INVESTMENT

Information about the net assets and the significant components of the change in net assets relating to the nonparticipant directed investments is as follows:

	2020	2019
Number of shares	6,158,088	6,158,088
Cost	$ 70,432,512	$ 70,432,512
Fair value	$ 120,628,939	$ 116,263,470

	Year Ended September 30, 2020
Changes in net assets:	
Company contribution	$ 6,854,829
Dividend on Company common stock	10,614,848
Net appreciation	2,536,726
Benefits paid to participants	(15,640,933)
Total	$ 4,365,469

The fair value of the nonparticipant directed investment in First Command Financial Planning, Inc. common stock is approximately 65% of the Plans net assets available for benefits as of September 30, 2020 and 2019.

5 – FINANCIAL INFORMATION CERTIFIED BY THE PLAN'S TRUSTEES AND CUSTODIAN (UNAUDITED)

The Company has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA as of and for the years ended September 30, 2020 and 2019. Accordingly, Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, collectively the Trustees of the Plan, and Benefit Trust Company, the Custodian of the Plan, have certified to the completeness and accuracy of all investments and notes receivables from participants reported in the accompanying Statements of Net Assets Available for Benefits as of September 30, 2020 and 2019, and the supplemental schedule, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of September 30, 2020, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended September 30, 2020.

6 - ADMINISTRATION OF PLAN ASSETS

The Plan's assets are administered under a contract with the Trustees and Custodian of the Plan. The Trustees and Custodian invest funds received from contributions, investment sales, interest and dividend income and make distribution payments to participants.

7 – RECONCILIATION TO THE FORM 5500, SCHEDULE H

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of September 30:

	2020	2019
Net assets available for benefits per the financial statements	$ 186,483,431	$ 179,856,615
Less: Amounts allocated to withdrawing participants	-	(12,820,006)
Net assets available for benefits per the Form 5500	$ 186,483,431	$ 167,036,609

The following is a reconciliation of benefit claims paid per the financial statements to the Form 5500 for the year ended September 30, 2020:

Benefits paid to participants per the financial statements	$ 25,070,012
Less: Amounts allocated to withdrawing participants at September 30, 2019	(12,820,006)
Benefits paid to participants per Schedule H of Form 5500	$ 12,250,006

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to the Form 5500 for the year ended September 30, 2020:

Net increase in net assets avaiolable for benefits per the financial statements	$ 6,626,816
Add: Amounts allocated to withdrawing participants at September 30, 2019	12,820,006
Net increase in net assets avaiolable for benefits per the Form 5500	$ 19,446,822

8 – TAX STATUS OF THE PLAN

The Plan obtained its latest determination letter on November 29, 2017, in which the Internal Revenue Service ("IRS") states that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Company believes the Plan, as adopted and amended, is currently designed and being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the DOL or IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9 – PARTY-IN-INTEREST TRANSACTIONS

Certain of the Plan's investments are managed by the Trustees and Custodian, and therefore, these transactions qualify as party in interest transactions. The Plan issues loans to participants, which are secured by the participant's account balances. Additionally, the Plan held 6,158,088 shares of Company common stock at September 30, 2020 and 2019. These transactions qualify as party-in-interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

10 – RISKS AND UNCERTAINTIES

The Plan investments consist primarily of the Company's common stock, a common collective trust, and mutual funds of registered investment companies that are exposed to various risks, such as interest rate, concentration, market, and credit risks. Due to such risks associated with investments, it is at least reasonably possible that changes in market values or other factors in the near term could materially affect the amounts reported in the financial statements.

As of September 30, 2020 and 2019, the Plan had investments of $120,628,939 and $116,263,470, respectively, which are concentrated in one fund.

11 – SUBSEQUENT EVENTS

In accordance with ASC 855, "Subsequent Events," the Company has evaluated events and transactions occurring subsequent to September 30, 2020, the statements of net assets available for benefits dates, through July 14, 2021, the date of the financial statements were issued, and determined no such events or transactions would impact the financial statements as of and for the year ended September 30, 2020, other than noted below.

On February 24, 2021, the ESOP Trustee exercised its Put Rights under the Plan to sell 794,171 shares of First Command Financial Planning Inc. common stock for $15,089,253 to the Company in the form of a loan. The Company will make 30 equal annual installment payments in the amount of $624,747, commencing on February 24, 2022 and ending on February 24, 2051.

Effective August 1, 2021, the Plan was amended to change automatic enrollment to 6% and increased 1% every January 1st.

SUPPLEMENTAL SCHEDULE

FIRST COMMAND FINANCIAL PLANNING, INC. 401(K) - EMPLOYEE STOCK OWNERSHIP PLAN
SCHEDULE H, ITEM 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER ID NUMBER: 75-1054341, PLAN NUMBER 001
SEPTEMBER 30, 2020

(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
	Mutual funds of registered investment companies:			
	BlackRock	iShares Russ Sm/Md-Cp Idx K Fd	N/R	$ 777,894
	BlackRock	iShares S&P 500 Index K Fund	N/R	3,014,733
	BlackRock	iShs MSCI Tot Intl Idx K Fund	N/R	171,552
	Artisan	Artisan Intl Value Inst Fund	N/R	841,558
	AMG Funds	AMG Yacktman I Fund	N/R	2,309,920
	Artisan	ARTISAN DEVELOP WORLD INST FD	N/R	1,167,855
	Artisan	ARTISAN HIGH INC INSTIT FUND	N/R	131,671
	Baird	Baird Core Plus Bond I Fund	N/R	1,456,682
	Fidelity Investments	Fidelity Adv New Insights Z Fd	N/R	7,719,351
	Franklin Templeton Investments	Franklin Conser Alloc R6 Fund	N/R	227,703
	Franklin Templeton Investments	Franklin Mutual Glb Disc R6 Fd	N/R	3,048,442
	Franklin Templeton Investments	Franklin US Govt Sec R6 Fund	N/R	1,150,011
	Fidelity Investments	FID ADV FREEDOM INCOME Z6 FUND	N/R	1,064,637
	Fidelity Investments	FID ADV FREEDOM 2005 Z6 FUND	N/R	83,252
	Fidelity Investments	FID ADV FREEDOM 2010 Z6 FUND	N/R	47,588
	Fidelity Investments	FID ADV FREEDOM 2015 Z6 FUND	N/R	713,026
	Fidelity Investments	FID ADV FREEDOM 2020 Z6 FUND	N/R	754,719
	Fidelity Investments	FID ADV FREEDOM 2025 Z6 FUND	N/R	5,240,386
	Fidelity Investments	FID ADV FREEDOM 2030 Z6 FUND	N/R	699,163
	Fidelity Investments	FID ADV FREEDOM 2035 Z6 FUND	N/R	3,335,478
	Fidelity Investments	FID ADV FREEDOM 2040 Z6 FUND	N/R	646,828
	Fidelity Investments	FID ADV FREEDOM 2045 Z6 FUND	N/R	2,446,837
	Fidelity Investments	FID ADV FREEDOM 2050 Z6 FUND	N/R	327,295
	Fidelity Investments	FID ADV FREEDOM 2055 Z6 FUND	N/R	833,869
	Fidelity Investments	FID ADV FREEDOM 2060 Z6 FUND	N/R	45,249
	Fidelity Investments	FID ADV FREEDOM 2065 Z6 FUND	N/R	460
	Fidelity Investments	FIDELITY US BOND INDEX FUND	N/R	519,697
	First Pacific Advisors, LLC	FPA Crescent Fund	N/R	278,379
	JOHCM Funds	JOHCM INTERNTL SELECT I FUND	N/R	756,056
	MFS Investment Management	MFS Mass Inv Growth Stk R6 Fd	N/R	2,537,750
	MFS Investment Management	MFS US Govt Money Market Fund	N/R	2,524,263
*	Principal Funds Inc	Prin Diversified Real Asset R6	N/R	218,813
*	Principal Funds Inc	Prin Equity Income Inst Fund	N/R	1,958,068
*	Principal Funds Inc	Prin LgCap Growth I R6 Fund	N/R	4,279,673
*	Principal Funds Inc	Prin MidCap R6 Fund	N/R	2,730,290
	PRIMECAP Odyssey Funds	PRIMECAP ODYSSEY STOCK FUND	N/R	57,495
	The Royce Funds	Royce Total Return Inst Fund	N/R	678,681
	Franklin Templeton Investments	Templeton Global Bond R6 Fund	N/R	555,241
	Fidelity Investments	Fidelity Mid Cap Index Fund	N/R	2,392,914
	State Street Global Advisors	State Street Global Advisors Government Short Term Investment Fund	N/R	328
	Total mutual funds of registered investment companies			57,743,807
	Common collective trust			
*	Principal Global Investors Trust Company	Morley Stable Value Fund	N/R	551,904
	Company common stock			
*	First Command Financial Planning, Inc.	Common Stock (6,158,088.017 shares)	7,043,212	120,628,939
	Participant loans			
*	Plan participants	Participant loans with 6.25% interest and maturities from October 2020 through September 2023	N/R	650,005
		Total		**$ 179,574,655**

* A party-in-interest as defined by ERISA.
Column (d) cost information omitted for participant-directed investments.

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

F C F P, I. 401()
P
EIN 75 1054341
PLAN NUMBER 001
PLAN YEAR 10/01/2019 TO 09/30/2020

(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
	BlackRock	Registered Investment Company iShares Russ Sm/Md-Cp Idx K Fd	$ 0.00	$ 777,894.02
	BlackRock	Registered Investment Company iShares S&P 500 Index K Fund	$ 0.00	$ 3,014,735.66
	BlackRock	Registered Investment Company iShs MSCI Tot Intl Idx K Fund	$ 0.00	$ 171,552.09
	Artisan	Registered Investment Company Artisan Develop World Inst Fd	$ 0.00	$ 1,167,854.86
	Artisan	Registered Investment Company Artisan High Inc Instit Fund	$ 0.00	$ 131,671.05
	Artisan	Registered Investment Company Artisan Intl Value Inst Fund	$ 0.00	$ 841,557.52
	AMG Funds	Registered Investment Company AMG Yacktman I Fund	$ 0.00	$ 2,309,919.94
	Baird	Registered Investment Company Baird Core Plus Bond I Fund	$ 0.00	$ 1,456,681.47
*	First Command Financial Services, I	Employer Security ESOP - Employer Security	$ 7,043,212.00	$120,628,938.74
	Fidelity Investments	Registered Investment Company Fid Adv Freedom Income Z6 Fund	$ 0.00	$ 1,064,636.76
	Fidelity Investments	Registered Investment Company Fid Adv Freedom 2010 Z6 Fund	$ 0.00	$ 47,587.86
	Fidelity Investments	Registered Investment Company Fid Adv Freedom 2015 Z6 Fund	$ 0.00	$ 713,025.80
	Fidelity Investments	Registered Investment Company Fid Adv Freedom 2020 Z6 Fund	$ 0.00	$ 754,719.29
	Fidelity Investments	Registered Investment Company Fid Adv Freedom 2025 Z6 Fund	$ 0.00	$ 5,240,386.16
	Fidelity Investments	Registered Investment Company Fid Adv Freedom 2030 Z6 Fund	$ 0.00	$ 699,163.40

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

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

F C F P, I. 401()
P
EIN 75 1054341
PLAN NUMBER 001
PLAN YEAR 10/01/2019 TO 09/30/2020

(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
	Fidelity Investments	Registered Investment Company Fid Adv Freedom 2035 Z6 Fund	$ 0.00	$ 3,335,477.40
	Fidelity Investments	Registered Investment Company Fid Adv Freedom 2040 Z6 Fund	$ 0.00	$ 646,828.17
	Fidelity Investments	Registered Investment Company Fid Adv Freedom 2045 Z6 Fund	$ 0.00	$ 2,446,836.79
	Fidelity Investments	Registered Investment Company Fid Adv Freedom 2050 Z6 Fund	$ 0.00	$ 327,294.87
	Fidelity Investments	Registered Investment Company Fid Adv Freedom 2055 Z6 Fund	$ 0.00	$ 833,869.25
	Fidelity Investments	Registered Investment Company Fid Adv Freedom 2060 Z6 Fund	$ 0.00	$ 45,248.55
	Fidelity Investments	Registered Investment Company Fidelity Adv New Insights Z Fd	$ 0.00	$ 7,719,350.73
	Fidelity Investments	Registered Investment Company Fidelity US Bond Index Fund	$ 0.00	$ 519,696.91
	Franklin Templeton Investments	Registered Investment Company Franklin Conser Alloc R6 Fund	$ 0.00	$ 227,702.77
	Franklin Templeton Investments	Registered Investment Company Franklin Mutual Glb Disc R6 Fd	$ 0.00	$ 3,048,441.72
	Franklin Templeton Investments	Registered Investment Company Franklin US Govt Sec R6 Fund	$ 0.00	$ 1,150,011.43
	Fidelity Investments	Registered Investment Company FID ADV FREEDOM 2005 Z6 FUND	$ 0.00	$ 83,251.56
	Fidelity Investments	Registered Investment Company FID ADV FREEDOM 2065 Z6 FUND	$ 0.00	$ 460.23
	Fidelity Investments	Registered Investment Company FIDELITY INSTL MM FDS GOVERNMENT	$ 250.24	$ 250.24
	Fidelity Investments	Registered Investment Company FIDELITY MID CP INDEX FUND	$ 0.00	$ 2,392,913.86

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

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

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EIN 75 1054341
PLAN NUMBER 001
PLAN YEAR 10/01/2019 TO 09/30/2020

(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
	First Pacific Advisors, LLC	Registered Investment Company FPA Crescent Institutionl Fund	$ 0.00	$ 278,379.35
	JOHCM Funds	Registered Investment Company JOHCM Interntl Select I Fund	$ 0.00	$ 756,056.46
*	Principal Global Investors Trust Co	Common/Collective Trust Morley Stable Value Fund	$ 0.00	$ 559,730.00
	MFS Investment Management	Registered Investment Company MFS Mass Inv Growth Stk R6 Fd	$ 0.00	$ 2,537,749.95
	MFS Investment Management	Registered Investment Company MFS US Govt Money Market Fund	$ 0.00	$ 2,524,262.61
*	Principal Funds Inc	Registered Investment Company Prin Diversified Real Asset R6	$ 0.00	$ 218,812.83
*	Principal Funds Inc	Registered Investment Company Prin Equity Income Inst Fund	$ 0.00	$ 1,958,071.23
*	Principal Funds Inc	Registered Investment Company Prin LgCap Growth I R6 Fund	$ 0.00	$ 4,271,919.19
*	Principal Funds Inc	Registered Investment Company Prin MidCap R6 Fund	$ 0.00	$ 2,730,291.89
	PRIMECAP Odyssey Funds	Registered Investment Company PRIMECAP Odyssey Stock Fund	$ 0.00	$ 57,495.41
	The Royce Funds	Registered Investment Company Royce Total Return Inst Fund	$ 0.00	$ 678,680.79
	Franklin Templeton Investments	Registered Investment Company Templeton Global Bond R6 Fund	$ 0.00	$ 555,240.87
*	Participant Loans	Range of Interest Rates Rates Range From 6.25% To 6.25%	$ 0.00	$ 650,005.00

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