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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
FIRST COMMAND FINANCIAL PLANNING, INC. 401(K)-EMPLOYEE STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/05/1964

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
FIRST COMMAND FINANCIAL PLANNING, INC.

1 FIRSTCOMM PLAZA
FORT WORTH, TX 76109-4978

2b Employer Identification Number (EIN) 75-1054341

2c Plan Sponsor's telephone number 817-569-2344

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.	07/15/2022	HEIDI CERBONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2022	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**	937
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)**	726
a(2) Total number of active participants at the end of the plan year	**6a(2)**	735
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	209
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	945
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f Total. Add lines **6d** and **6e**	**6f**	947
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	931
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
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 2P 2Q 2S 2T 3H 3I

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

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	130163	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III	**Termination Information on Accountants and Enrolled Actuaries (see instructions)** (complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

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	433840

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

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)	6908776	7720819
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		250
(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)	650005	797672
(9) Value of interest in common/collective trusts	1c(9)	559730	433840
(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)	57735981	69417667
(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)	120628939	157154406
	(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	186483431	235524654
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		15089254
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	15089254
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	186483431	220435400

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)	8512319	
	(B) Participants	2a(1)(B)	3761131	
	(C) Others (including rollovers)	2a(1)(C)	724072	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		12997522
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	39367	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		39367
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	467529	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	605725	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1073254
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	36525467	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		36525467

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		15165
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		12841077
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		63491852
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	29409644	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		29409644
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	130239	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		130239
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		29539883
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		33951969
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ 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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**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
Supplementary Information

September 30, 2021 and 2020

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

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September 30, 2021 and 2020

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Independent Auditors' Report

To the Plan Administrator and 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 statements of net assets available for benefits as of September 30, 2021 and 2020 and the related statement of changes in net assets available for benefits for the year ended September 30, 2021, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 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 September 30, 2021 and 2020, and for the year ended September 30, 2021, 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. Accordingly, we do not express an opinion on these financial statements.

Baker Tilly US, LLP, trading as Baker Tilly, is a member of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities.

Other Matter

The supplemental schedules of (1) Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) and (2) Schedule H, Line 4(j) - Schedule of Reportable Transactions as of or for the year ended September 30, 2021, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are 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 these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, 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

Pittsburgh, Pennsylvania
July 14, 2022

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

Statements of Net Assets Available for Benefits
September 30, 2021 and 2020

	2021			2020		
	Allocated	Unallocated	Total	Allocated	Unallocated	Total
Assets						
Investments at fair value:						
Money market fund	$ 2,731,961	$ -	$ 2,731,961	$ -	$ -	$ -
Mutual funds	66,685,956	-	66,685,956	57,743,807	-	57,743,807
Common collective trust	433,840	-	433,840	551,904	-	551,904
First Command Financial Planning, Inc. common stock	136,887,156	20,267,250	157,154,406	120,628,939	-	120,628,939
Total investments at fair value	206,738,913	20,267,250	227,006,163	178,924,650	-	178,924,650
Receivables:						
Notes receivable from participants	797,672	-	797,672	650,005	-	650,005
Company contribution	7,720,819	-	7,720,819	6,908,776	-	6,908,776
Total receivables	8,518,491	-	8,518,491	7,558,781	-	7,558,781
Total assets	215,257,404	20,267,250	235,524,654	186,483,431	-	186,483,431
Liabilities						
ESOP loan payable	-	15,089,254	15,089,254	-	-	-
Total liabilities	-	15,089,254	15,089,254	-	-	-
Net assets available for benefits	$ 215,257,404	$ 5,177,996	$ 220,435,400	$ 186,483,431	$ -	$ 186,483,431

See notes to financial statements

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

Statement of Changes in Net Assets Available for Benefits
Year Ended September 30, 2021

	Allocated	Unallocated	Total
Additions			
Investment income:			
Interest, dividends and other income	$ 1,073,254	$ -	$ 1,073,254
Net appreciation of fair value of investments	44,203,713	5,177,996	49,381,709
Total investment income	45,276,967	5,177,996	50,454,963
Interest income on notes receivable from participants	39,367	-	39,367
Contributions:			
Participants	3,761,131	-	3,761,131
Rollovers and other	724,072	-	724,072
Company	8,512,319	-	8,512,319
Total contributions	12,997,522	-	12,997,522
Total additions	58,313,856	5,177,996	63,491,852
Deductions			
Benefits paid directly to participants	29,409,644	-	29,409,644
Administrative expenses	130,239	-	130,239
Total deductions	29,539,883	-	29,539,883
Net increase	28,773,973	5,177,996	33,951,969
Net Assets Available for Benefits			
Beginning of year	186,483,431	-	186,483,431
End of year	$ 215,257,404	$ 5,177,996	$ 220,435,400

See notes to financial statements

1. Description of the 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.

In February 2021, the Company completed a releveraging transaction (the 2021 Releveraging Transaction), whereby the Company purchased 794,171 shares of First Command Financial Planning, Inc. common stock for approximately $15.6 million, or $19.5887 per share (the Company Purchase). Simultaneous with the Company Purchase, the Plan purchased 794,171 shares of common stock from the Company for aggregate consideration of approximately $15.1 million, or at a per share price of $19.00. The Plan financed the purchase through the issuance of an installment note in favor of the Company (the ESOP Loan). The ESOP Loan has a 30-year term bearing interest at 1.46% per annum (See also Note 12).

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. Through July 31, 2021, employees were automatically enrolled at a rate of 2% of employee eligible compensation increased by 1.5% annually, up to a maximum of 10%. Effective August 1, 2021, the Plan was amended to change the automatic enrollment to 6% and increased by 1% every January 1st, 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.

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 2021). 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 2021). Rollover contributions representing distributions from other qualified defined benefit or defined contributions plans are permitted by the Plan.

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.

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.

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.

Investment Options

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

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 rates that range from 4.75% to 6.25% at September 30, 2021, which are commensurate with local prevailing rates at inception of the loan as determined 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. See also the Coronavirus Aid Relief and Economic Security Act (CARES Act) disclosure below.

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. See also the CARES Act disclosure below.

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 30, 2021 and 2020, forfeited non-vested 401(k) accounts totaled $9,706 and $2,191, 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 $324,233 were allocated to participants for the ESOP component for the year ended September 30, 2021.

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.

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.

CARES Act

On March 27, 2020, the CARES Act was signed into law. This aid package was designed to help the economy from the effects of the coronavirus pandemic, several of the provisions of CARES Act affected employee benefit plans. The provisions of the CARES Act were optional. During 2020, the Plan opted into the following provisions of the CARES Act:

- Hardship distributions - Qualified plan participants were permitted to take a coronavirus-related distribution of up to $100,000 from the Plan without a 10% early withdrawal penalty. Eligible distributions were permitted to be taken up until December 30, 2020. Distributions may be repaid within three years or a participant may elect these distributions to be included in taxable income on a pro rata basis over three years.

- Participant loans - Qualified plan participants with loans outstanding were permitted to defer payment on the loans that were due during 2020 to after January 1, 2021.

- Participant loans - Qualified plan participants may have borrowed up to $100,000 during 2020 (an increase from $50,000 previously permitted), these repayments may be delayed to 2021.

- Required minimum distributions (RMDs) - A temporary waiver of required minimum distributions rules permitted participants to suspend their RMDs for 2020 for participants that turned 70 ½ in 2019 and 72 in 2020.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Benefits

Benefits are recorded when paid.

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. The Plan's trustee determines the Plan's valuation policies utilizing information provided by the investment advisor, independent appraiser and custodians. See Note 3 for discussion of fair value measurements.

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.

The Plan's investment in First Command Financial Planning, Inc.'s common stock is based on the fair value derived from a valuation analysis conducted by an independent third party. The value of First Command Financial Planning, Inc.'s common stock at September 30, 2021 and 2020 was $25.52 and $19.59 per share, respectively.

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 present separately the assets and liabilities and changes therein pertaining to (a) the accounts of employees with rights in allocated stock (allocated) and (b) stock not yet allocated to employees (unallocated), including shares that are committed to be released. Shares are released from collateral and become allocated generally in the period in which debt service is actually paid.

Reclassifications

Certain reclassifications have been made to the 2020 financial statements to conform to the 2021 financial statement presentation. These reclassifications had no effect on net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through July 14, 2022, the date the financial statements were available to be issued.

3. Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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 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 maximize the use of relevant observables and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2021 and 2020.

Money market fund is valued at the quoted net asset value (NAV) of shares held by the Plan at year-end.

The fair value of Company common stock is valued at the estimated fair value as of the valuation date, as determined by an independent appraiser. This appraisal report was based upon a combination of the income and market valuation techniques consistent with prior year. The Trustee reviewed and approved the appraisal report.

The Trustee, under the supervision of the Company's Board of Directors, determines the fair value measurement policies and procedures in consultation with the Company's senior management. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobserved inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other third-party information.

Mutual funds are 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 NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common collective trust is 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 as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is 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 trust, the investment advisor reserves the right to temporarily delay withdrawal in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments, at fair value as of September 30, 2021 and 2020:

	Assets at Fair Value as of September 30, 2021			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market fund	$ 2,731,961	$ -	$ -	$ 2,731,961
Mutual funds	66,685,956	-	-	66,685,956
First Command Financial Planning, Inc. common stock	-	-	157,154,406	157,154,406
Total assets in the fair value hierarchy	$ 69,417,917	$ -	$ 157,154,406	226,572,323
Investments measured at net asset value (a)				433,840
Total investments at fair value				$ 227,006,163

	Assets at Fair Value as of September 30, 2020			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 57,743,807	$ -	$ -	$ 57,743,807
First Command Financial Planning, Inc. common stock	-	-	120,628,939	120,628,939
Total assets in the fair value hierarchy	$ 57,743,807	$ -	$ 120,628,939	178,372,746
Investments measured at net asset value (a)				551,904
Total investments at fair value				$ 178,924,650

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

There were no issuances or transfers in and/or out of Level 3 investments during the year ended September 30, 2021. As part of the 2021 Releveraging Transaction, the Plan purchased 794,171 shares of Company common stock for $15,089,254 in February 2021.

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, 2021 and 2020. 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.

Investments Measured Using NAV per Share Practical Expedient

The following table summarizes investments for which fair value is measured using NAV per share practical expedient as of September, 30, 2021 and 2020. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	September 30, 2021			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trust	$ 433,840	N/A	Daily	30 days

	September 30, 2020			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trust	$ 551,904	N/A	Daily	30 days

4. Nonparticipant 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:

	2021	2020
Number of shares	6,158,088	6,158,088
Cost	$ 21,224,146	$ 7,043,212
Estimated fair value	$ 157,154,406	$ 120,628,939

	Year Ended September 30, 2021
Changes in net assets:	
Company contribution	$ 8,512,319
Dividend on Company common stock	467,529
Proceeds via ESOP loan payable	15,089,254
Net appreciation	35,713,424
Benefits paid to participants	(23,257,059)
Total	$ 36,525,467

The fair value of the nonparticipant directed investment in First Command Financial Planning, Inc. common stock is approximately 71% and 65% of the Plan's net assets available for benefits as of September 30, 2021 and 2020, respectively.

5. Information Certified by Trustees and Custodian

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2021 and 2020. 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, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of September 30, 2021 and 2020 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of September 30, 2021, the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended September 30, 2021 and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended September 30, 2021.

6. Administration of Plan Assets

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

7. 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% vested in their Company ESOP contributions.

On termination of the Plan, the ESOP committee shall direct the Trustee to pay all liabilities and expenses of the trust fund and to sell shares of financed common stock held in the loan suspense account to the extent it determines such sale to be necessary in order to repay the loan.

8. Tax Status

The Plan obtained its latest determination letter on November 29, 2017, in which the 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.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan 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. Related-Party and 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. Fees incurred by the Plan for the investment manager services are included in net appreciation in the fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. Additionally, the Plan issues loans to participants, which are secured by the participant's account balances.

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.

The Plan invests in stock issued by First Command Financial Planning, Inc. and entered into a promissory note agreement with First Command Financial Planning, Inc. (See Notes 11 and 12). The Plan earned dividends related to the common stock of First Command Financial Planning, Inc. of $467,529 during 2021. First Command Financial Planning, Inc. is the Plan Sponsor as defined by the Plan; therefore, these transactions qualify as party in interest transactions.

10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

The holdings of First Command Financial Planning, Inc.’s common stock represent a significant concentration of the Plan's assets.

11. Investment

The Plan's investment in First Command Financial Planning, Inc.'s common stock at September 30, 2021 and 2020 is as follows:

	2021		2020	
	Allocated	Unallocated	Allocated	Unallocated
Number of shares	5,363,917	794,171	6,158,088	-
Cost	$ 6,134,892	$ 15,089,254	$ 7,043,212	$ -
Estimated fair value	$ 136,887,156	$ 20,267,250	$ 120,628,939	$ -

12. ESOP Loan

Effective February 24, 2021, the Plan entered into a promissory note agreement with the Company in the amount of $15,089,254, hereby referred to as the ESOP Loan. The ESOP Loan requires annual payments of $624,747 including principal and interest at a rate of 1.46%. Payments begin February 24, 2022. The loan proceeds were used by the Plan to acquire 794,171 shares of Company common stock at a purchase price of $19 per share from the sellers. As payment is received on the ESOP Loan, fractional shares are released by the Company to the Plan, which are allocated as Company contributions to participants. Unless sooner paid, the entire unpaid balance plus all accrued and unpaid interest thereon shall be due and payable on February 24, 2051.

The total outstanding balance of the ESOP Loan is reported as ESOP Loan Payable located on the Statements of Net Assets Available for Benefits. The number of shares held in collateral at September 30, 2021 were 794,171.

Future maturities of the ESOP Loan, over the next five years and thereafter, are as follows at September 30:

2022	$ 404,444
2023	410,349
2024	416,340
2025	422,419
2026	428,586
Thereafter	13,007,116
Total	$ 15,089,254

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

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 75-1054341 Plan Number: 001
September 30, 2021

	(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Money Market Fund			
		MFS	MFS US Government Money Market Fund	N/R	$ 2,731,961
		Mutual Funds			
		Fidelity Investments	Fidelity Advisor New Insights Fund	N/R	9,275,371
		Fidelity Investments	Fidelity Advisor Freedom 2025 Fund	N/R	5,782,654
*		Principal Funds Inc.	Principal LargeCap Growth Fund I	N/R	5,147,985
		Fidelity Investments	Fidelity Advisor Freedom 2035 Fund	N/R	4,370,744
		Franklin Templeton Investments	Franklin Mutual Global Discovery Fund	N/R	3,776,609
		BlackRock	iShares S&P 500 Index Fund	N/R	3,569,649
*		Principal Funds Inc.	Principal MidCap Fund	N/R	3,476,412
		Fidelity Investments	Fidelity Advisor Freedom 2045 Fund	N/R	3,245,977
		MFS Investment Management	MFS Massachusetts Investors Growth Stock Fund	N/R	3,157,842
		Fidelity Investments	Fidelity Mid Cap Index Fund	N/R	3,111,540
		AMG Funds	AMG Yacktman Fund	N/R	2,842,322
*		Principal Funds Inc.	Principal Equity Income Fund	N/R	2,231,179
		Artisan	Artisan Developing World Fund	N/R	1,334,340
		Fidelity Investments	Fidelity Advisor Freedom 2055 Fund	N/R	1,313,387
		The Royce Funds	Royce Total Return Fund	N/R	1,301,026
		Fidelity Investments	Fidelity Advisor Freedom 2030 Fund	N/R	1,191,077
		Baird	Baird Core Plus Bond Fund	N/R	1,068,905
		Artisan	Artisan International Value Fund	N/R	1,062,531
		Fidelity Investments	Fidelity Advisor Freedom Income Fund	N/R	1,026,957
		Franklin Templeton Investments	Franklin US Government Securities Fund	N/R	1,023,044
		Fidelity Investments	Fidelity Advisor Freedom 2040 Fund	N/R	996,471
		BlackRock	iShares Russell Small/Mid-Cap Index Fund	N/R	922,388
		Fidelity Investments	Fidelity Advisor Freedom 2015 Fund	N/R	821,339
		Fidelity Investments	Fidelity Advisor Freedom 2050 Fund	N/R	753,015
		JOHCM Funds	JOHCM International Select Fund	N/R	602,035
		Artisan	Artisan High Income Fund	N/R	496,627
		Fidelity Investments	Fidelity US Bond Index	N/R	489,412
		Franklin Templeton Investments	Templeton Global Bond Fund/United States	N/R	478,552
		Fidelity Investments	Fidelity Advisor Freedom 2020 Fund	N/R	471,287
*		Principal Funds Inc.	Principal Diversified Real Asset Fund	N/R	318,383
		Franklin Templeton Investments	Franklin Templeton Fd Alloca Conser Fd R6	N/R	273,580
		PRIMECAP Odyssey Funds	PRIMECAP Odyssey Stock Fund	N/R	242,964
		BlackRock	iShares MSCI Total International Index Fund	N/R	213,617
		Fidelity Investments	Fidelity Advisor Freedom 2005 Fund	N/R	112,294
		Fidelity Investments	Fidelity Advisor Freedom 2060 Fund	N/R	87,897
		First Pacific Advisors, LLC	FPA Crescent Fund	N/R	68,214
		Fidelity Investments	Fidelity Advisor Freedom 2010 Fund	N/R	15,975
		Fidelity Investments	Fidelity Advisor Freedom 2065 Fund	N/R	12,355
			Total mutual funds		66,685,956
		Common Collective Trust			
*		Principal Global Investors Trust Company	Morley Stable Value Fund	N/R	433,840
		Company Common Stock			
*		First Command Financial Planning, Inc.	Common Stock (6,158,088 shares)	$ 21,224,146	157,154,406
			Total investments at fair value		227,006,163
*		**Participant Loans**	Interest rates: 4.75% - 6.25%	$0	797,672
			Total		$ 227,803,835

* A party in interest as defined by ERISA
N/R - cost omitted for participant directed investments

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

Schedule H, Line 4(j) - Schedule of Reportable Transactions
EIN: 75-1054341 Plan Number: 001
Year Ended September 30, 2021

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
	Single Transaction								
*	Purchase:	First Command Financial Planning, Inc. Common Stock	$ 15,089,254	$ -	$ -	$ -	$ 15,089,254	$ 15,089,254	$ -

* A party in interest as defined by ERISA

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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 10/01/2020 TO 09/30/2021

(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	$ 922,388.07
	BlackRock	Registered Investment Company iShares S&P 500 Index K Fund	$ 0.00	$ 3,569,656.52
	BlackRock	Registered Investment Company iShs MSCI Tot Intl Idx K Fund	$ 0.00	$ 213,617.01
	Artisan	Registered Investment Company Artisan Develop World Inst Fd	$ 0.00	$ 1,334,340.38
	Artisan	Registered Investment Company Artisan High Inc Instit Fund	$ 0.00	$ 496,626.95
	Artisan	Registered Investment Company Artisan Intl Value Inst Fund	$ 0.00	$ 1,062,530.44
	AMG Funds	Registered Investment Company AMG Yacktman I Fund	$ 0.00	$ 2,842,321.53
	Baird	Registered Investment Company Baird Core Plus Bond I Fund	$ 0.00	$ 1,068,904.75
	First Command	Employer Security ESOP - Employer Security	$ 0.00	$157,154,406.19
	Benefit Trust	Interest Bearing Cash ESOP Cash - Interest Bearing Cash	$ 0.00	$ 250.24
	Fidelity Investments	Registered Investment Company Fid Adv Freedom Income Z6 Fund	$ 0.00	$ 1,026,957.00
	Fidelity Investments	Registered Investment Company Fid Adv Freedom 2005 Z6 Fund	$ 0.00	$ 112,294.36
	Fidelity Investments	Registered Investment Company Fid Adv Freedom 2010 Z6 Fund	$ 0.00	$ 15,975.29
	Fidelity Investments	Registered Investment Company Fid Adv Freedom 2015 Z6 Fund	$ 0.00	$ 821,339.44
	Fidelity Investments	Registered Investment Company Fid Adv Freedom 2020 Z6 Fund	$ 0.00	$ 471,287.61

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 10/01/2020 TO 09/30/2021

(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 2025 Z6 Fund	$ 0.00	$ 5,782,653.34
	Fidelity Investments	Registered Investment Company Fid Adv Freedom 2030 Z6 Fund	$ 0.00	$ 1,191,077.16
	Fidelity Investments	Registered Investment Company Fid Adv Freedom 2035 Z6 Fund	$ 0.00	$ 4,370,744.08
	Fidelity Investments	Registered Investment Company Fid Adv Freedom 2040 Z6 Fund	$ 0.00	$ 996,471.18
	Fidelity Investments	Registered Investment Company Fid Adv Freedom 2045 Z6 Fund	$ 0.00	$ 3,245,976.41
	Fidelity Investments	Registered Investment Company Fid Adv Freedom 2050 Z6 Fund	$ 0.00	$ 753,015.45
	Fidelity Investments	Registered Investment Company Fid Adv Freedom 2055 Z6 Fund	$ 0.00	$ 1,313,386.87
	Fidelity Investments	Registered Investment Company Fid Adv Freedom 2060 Z6 Fund	$ 0.00	$ 87,896.57
	Fidelity Investments	Registered Investment Company Fid Adv Freedom 2065 Z6 Fund	$ 0.00	$ 12,346.58
	Fidelity Investments	Registered Investment Company Fidelity Adv New Insights Z Fd	$ 0.00	$ 9,275,370.05
	Fidelity Investments	Registered Investment Company Fidelity Mid Cp Index Fund	$ 0.00	$ 3,111,538.95
	Fidelity Investments	Registered Investment Company Fidelity US Bond Index Fund	$ 0.00	$ 489,411.92
	Franklin Templeton Investments	Registered Investment Company Franklin Conser Alloc R6 Fund	$ 0.00	$ 273,580.61
	Franklin Templeton Investments	Registered Investment Company Franklin Mutual Glb Disc R6 Fd	$ 0.00	$ 3,776,607.40
	Franklin Templeton Investments	Registered Investment Company Franklin US Govt Sec R6 Fund	$ 0.00	$ 1,023,043.88

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)

F C F P, I. 401()
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EIN 75 1054341
PLAN NUMBER 001
PLAN YEAR 10/01/2020 TO 09/30/2021

(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	$ 68,214.50
	JOHCM Funds	Registered Investment Company JOHCM Interntl Select Ins Fund	$ 0.00	$ 602,035.28
*	Principal Global Investors Trust Co	Common/Collective Trust Morley Stable Value Fund	$ 0.00	$ 433,840.00
	MFS Investment Management	Registered Investment Company MFS Mass Inv Growth Stk R6 Fd	$ 0.00	$ 3,157,841.12
	MFS Investment Management	Registered Investment Company MFS US Govt Money Market Fund	$ 0.00	$ 2,731,711.14
*	Principal Funds Inc	Registered Investment Company Prin Diversified Real Asset R6	$ 0.00	$ 318,383.48
*	Principal Funds Inc	Registered Investment Company Prin Equity Income Inst Fund	$ 0.00	$ 2,231,182.22
*	Principal Funds Inc	Registered Investment Company Prin LgCap Growth I R6 Fund	$ 0.00	$ 5,147,984.10
*	Principal Funds Inc	Registered Investment Company Prin MidCap R6 Fund	$ 0.00	$ 3,476,413.56
	PRIMECAP Odyssey Funds	Registered Investment Company PRIMECAP Odyssey Stock Fund	$ 0.00	$ 242,965.01
	The Royce Funds	Registered Investment Company Royce Total Return Inst Fund	$ 0.00	$ 1,301,025.59
	Franklin Templeton Investments	Registered Investment Company Templeton Global Bond R6 Fund	$ 0.00	$ 478,551.62
*	Participant Loans	Range of Interest Rates Rates Range From 4.75% To 6.25%	$ 0.00	$ 797,672.00

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

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

Schedule H, Line 4(j) - Schedule of Reportable Transactions
EIN: 75-1054341 Plan Number: 001
Year Ended September 30, 2021

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
	Single Transaction								
*	Purchase:	First Command Financial Planning, Inc. Common Stock	$ 15,089,254	$ -	$ -	$ -	$ 15,089,254	$ 15,089,254	$ -

* A party in interest as defined by ERISA