Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GCX CORPORATION EMPLOYEE STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1975

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
GCX CORPORATION

3875 CYPRESS DRIVE
PETALUMA, CA 94954-5635

2b Employer Identification Number (EIN) 94-1738443

2c Sponsor's telephone number 707-781-1755

2d Business code (see instructions) 332900

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.	07/13/2011	RUBEN MANZANO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

TRUSTEE

3875 CYPRESS DRIVE
PETALUMA, CA 94954-5635

3b Administrator's EIN
94-2346042

3c Administrator's telephone number
707-781-1755

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	212
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	164
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	16
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	181
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	181
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	93
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2I 2O

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan	**B** Three-digit plan number (PN) ▶	
GCX CORPORATION EMPLOYEE STOCK OWNERSHIP PLAN		002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
GCX CORPORATION	94-1738443	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

CARLSON QUINN

94-3210526

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17	NONE	18163	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WETHERBY ASSET MANAGEMENT

94-3112753

(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?
28	NONE	17740	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan
GCX CORPORATION EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GCX CORPORATION

D Employer Identification Number (EIN)
94-1738443

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	78065	1721
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1611	1611
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	647974	608232
(2) U.S. Government securities	1c(2)	963738	719465
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	284746	531311
(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)	115502	161842
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	86876	66834
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2990013	3303272
(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)	4694231	5840922
	(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	9862756	11235210
	Liabilities			
g	Benefit claims payable	1g	69	
h	Operating payables	1h	226	165
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	295	165
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	9862461	11235045

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)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
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)	5977	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5977
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	730050	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		730050
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	23946	
	(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)		23946

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1435443	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1435443
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2195416
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	777186	
(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)		777186
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	22283	
(4) Other	2i(4)	23363	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		45646
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		822832
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1372584
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) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

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

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

(1) Name: CAMPBELL TAYLOR & COMPANY (2) EIN: 68-0251243

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan
GCX CORPORATION EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GCX CORPORATION

D Employer Identification Number (EIN)
94-1738443

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): 94-2346039

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial Statements of

GCX CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN

September 30, 2010 and 2009

GCX CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN

CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Plan Benefits	2
Statements of Change in Net Assets Available for Plan Benefits	3
Notes to Financial Statements	4 - 9
SUPPLEMENTAL SCHEDULE	
Schedule H Line 4i – Schedule of Assets Held at End of Year	10 - 14

CTC CAMPBELL TAYLOR & COMPANY ♦ An Accountancy Corporation
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

Steven A. Campbell
Stephen B. Taylor
Linda L. House
Kelly L. O'Brien
E. Preston Hatch

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
GCX Corporation
Employee Stock Ownership Plan
Petaluma, California

We have audited the accompanying statements of net assets available for plan benefits of GCX Corporation Employee Stock Ownership Plan as of September 30, 2010 and 2009 and the related statements of change in net assets available for plan benefits for the years then ended, as listed in the accompanying index. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for plan benefits of GCX Corporation Employee Stock Ownership Plan as of September 30, 2010 and 2009 and the change in net assets available for plan benefits for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

As explained in Note 2, the Plan is an Employee Stock Ownership Plan and invests in common stock of the Plan Sponsor valued at $5,840,922 and $4,694,231 as of September 30, 2010 and 2009, respectively. An annual valuation of the common stock is prepared by an independent appraiser to value the Plan's investment. However, because of the inherent uncertainty of the valuation, those estimated values may differ significantly from the values that would have been used had a ready market for the investments existed, and the differences could be material.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying supplemental schedule of assets held at end of year is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the financial statements taken as a whole.

Campbell Taylor & Company
An Accountancy Corporation

June 28, 2011
Roseville, California

3741 Douglas Blvd., Suite 350 ♦ Roseville, CA 95661 ♦ E-Mail: mail@campbelltaylor.com ♦ Fax: (916) 929-7443 ♦ (916) 929-3680

GCX CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN

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

	2010	2009
ASSETS:		
Investments, at fair value, non-participant directed		
Investments	$ 4,715,890	$ 4,353,999
GCX Corporation common stock	5,840,922	4,694,231
Interest bearing cash	608,232	647,974
Total investments	11,165,044	9,696,204
Non-interest bearing cash	1,721	78,065
Receivables		
Notes receivable from participants	66,834	86,876
Other receivables	1,611	1,611
Total receivables	68,445	88,487
Total assets	11,235,210	9,862,756
LIABILITIES:		
Other liabilities	165	295
Net assets available for plan benefits	$ 11,235,045	$ 9,862,461

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

GCX CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENTS OF CHANGE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
For the Years Ended September 30, 2010 and 2009

	2010	2009
ADDITIONS TO NET ASSETS:		
Investment income		
Net appreciation (depreciation) in fair value of investments	$ 1,459,389	$ (956,247)
Dividends	730,050	1,501,552
Interest	5,977	12,515
Total investment income	2,195,416	557,820
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants	777,186	285,760
Administrative expenses	45,646	48,342
Total deductions	822,832	334,102
Increase in net assets	1,372,584	223,718
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
Beginning of year	9,862,461	9,638,743
End of year	$ 11,235,045	$ 9,862,461

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

NOTE 1: DESCRIPTION OF PLAN

The following description of the GCX Corporation Employee Stock Ownership Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was established in 1975 to provide benefits for employees of GCX Corporation (the "Plan Sponsor/Company") and the employees' beneficiaries. The Plan is currently designed to be qualified under the applicable requirements of the Internal Revenue Code (the "Code"), as amended, and the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Two employees of the Plan Sponsor act as the Plan Trustees. The Plan is a defined contribution plan covering all full-time employees. The Plan holds Company common stock on behalf of participating employees in the retirement trust.

Plan Year

The Plan year begins October 1 and ends September 30.

Eligibility

Employees are eligible to participate in the Plan as of the first enrollment date following completion of one year of service with at least 1,000 hours of service.

Contributions

The Plan allows for the Company to make discretionary employer contributions as approved by the Board of Directors. Contributions can be made in cash, shares of Company common stock or in a combination of both. No contributions were made for the years ended September 30, 2010 and 2009.

Participant Accounts

Each participant's share of Plan assets is recorded in one of two primary accounts. The Company Stock Account, which generally represents the participant's allocable portion of the Company's common shares included in Plan assets, and the Cash Account, which generally represents the participant's share of investments, other than Company common stock.

Allocations

Investment earnings and losses are allocated based on participant account balances while discretionary employer contributions are allocated based on compensation. A participant must be employed on the last day of the Plan year and have accumulated 1,000 or more hours of service during the Plan year in order to receive an allocation. All GCX Corporation common stock held by the Plan is allocated.

Vesting

Participants are immediately 100% vested in their accounts.

Retirement

Normal retirement under the Plan is age sixty-five (65).

NOTE 1: **DESCRIPTION OF PLAN (Continued)**

Payment of Benefits

Payment of benefits may be made at the following times under the Plan: 1) normal retirement, 2) termination of employment of the participant, 3) death or permanent disability, 4) diversification election, or 5) termination of the Plan. The form of benefit payments may be in a single lump sum or in periodic installments. The distribution election may also be in shares of Company common stock. The Plan allows for the automatic lump sum distribution of participant account balances that do not exceed $1,000.

Diversification Rights

Upon reaching age 55 and after 10 years participation in the Plan, participants have certain diversification rights with respect to the Company stock in their accounts.

Notes Receivable from Participants

The Plan allows participants to borrow up to the lesser of $50,000 or 50% of their vested account balance, but no less than $1,000. Borrowings bear interest at the prime rate plus two percent and are due within five years. Loans are valued at unpaid principal plus accrued but unpaid interest.

Administrative Expenses

The Plan pays certain investment manager, administration and professional fees. All other expenses incurred for administering the Plan are paid by the Company. Expenses related to specific participant transactions are charged to the respective participant's account.

Voting Rights

Each participant or beneficiary in the Plan shall be entitled to instruct the Trustees as to the manner in which voting rights attributable to shares of Company stock allocated to such participant's Company Stock Account are to be exercised solely with respect to corporate matters which (by Code section 409(e)(4)) must be decided by pass through voting of outstanding common shares voted.

Reclassifications

During the year the Plan adopted FASB Accounting Standards Update 2010-25 requiring that participant loans be classified as notes receivable from participants, segregated from plan investments, and measured at their unpaid principal balance plus any accrued but unpaid interest. As such, participant loans have been reclassified in the 2009 statement of net assets available for plan benefits to conform to the 2010 presentation.

NOTE 2: **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

The financial statements of the Plan are prepared on the accrual method of accounting.

Investments

Plan investments, except participant loans, at September 30, 2010 and 2009 are non participant directed and were held by Charles Schwab & Co., Inc., National Advisors Trust Company FSB, Hatteras Investment Partners, Fortress Partners Advisors, LLC, GT ERISA, LTD, Bank of Marin and the Plan trustees. Investments are reported at fair value; for more information regarding the fair value of investments see Note 5. The value of the investment in the common stock of the Company was determined by an annual independent appraisal. The appraised value per share was $45,208 and $36,333 as of September 30, 2010 and 2009, respectively. Because of the inherent uncertainty of the valuation, estimated and appraised values for the investment in Company stock may differ significantly from values that would have been used had a ready market for such investments existed.

NOTE 2: **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Income Taxes

The Plan obtained a favorable determination letter on December 12, 2002, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Estimates and Assumptions

The preparation of financial statements, in conformity 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 disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of income and expenses during the reporting period. Actual results could differ from those estimates.

Concentration of Credit Risk

The Plan maintains cash in financial institutions which, at times, exceed federally insured limits. The Plan has not experienced any losses in such accounts and the Company believes that the Plan is not exposed to any significant credit risk on cash.

NOTE 3: **PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination the interest of each participant will be distributed to such participant.

NOTE 4: **INVESTMENTS**

At September 30, 2010 investments included Company stock and money market accounts that represented 5% or more of net assets available for Plan benefits as follows:

Investment	2010
GCX Corporation Common Stock	$5,840,922
Bank of Marin Money Market Fund	$ 608,232

At September 30, 2009 investments included Company stock and money market accounts that represented 5% or more of net assets available for Plan benefits as follows:

Investment	2009
GCX Corporation Common Stock	$4,694,231
Bank of Marin Money Market Fund	$ 647,974

NOTE 4: **INVESTMENTS (Continued)**

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows for the years ended September 30, 2010 and 2009:

	2010	2009
Non-participant directed:		
Realized gain (loss) on sale of investments	$ 23,946	$ (260,507)
Net unrealized appreciation in fair value as determined by quoted market prices	$ 254,160	$ 131,870
Net unrealized appreciation (depreciation) in fair value of Company stock - 129.2 shares for the years ended 2010 and 2009	1,146,691	(843,720)
Net unrealized appreciation in estimated fair value determined using level 2 and 3 inputs	34,592	16,110
Net unrealized appreciation (depreciation) in fair value of investments	$ 1,435,443	$ (695,740)

NOTE 5: **FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board establishes a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs include quoted market prices for identical or similar assets or liabilities in active or inactive markets or inputs other than quoted prices that are observable or corroborated by observable market data for the asset or liability; and Level 3 inputs have the lowest priority and are unobservable and significant to the fair value measurement. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. Level 3 inputs were used only when Level 1 or 2 inputs were not available.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodology used at September 30, 2010 and 2009.

Level 1 Fair Value Measurements: The fair value of mutual funds is based on quoted net asset value of the shares held by the Plan at year-end. The fair value of government securities and corporate bonds are based on the closing price reported on the active market where the individual securities are traded.

Level 2 Fair Value Measurement: The fair value of hedge funds is based on quoted net asset values of the shares held by the Plan at year-end. Hedge funds held by the Plan are valued monthly.

Level 3 Fair Value Measurement: The private equity securities held by the Plan are invested primarily in commercial real estate and include mortgage loans which are backed by the associated properties. These underlying real estate investments have unobservable pricing inputs. As discussed in Note 2 the fair value of GCX Corporation common stock is determined using an independent appraisal as no ready market for the stock exists.

NOTE 5: **FAIR VALUE MEASUREMENTS (Continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2010 and 2009:

	Assets at Fair Value as of September 30, 2010		
	Level 1	Level 2	Level 3
Mutual Funds			
Domestic Equity	$ 1,031,925	$ -	$ -
International Equity	690,183	-	-
Fixed Income	472,604	-	-
Commodities	197,039	-	-
Emerging Markets	145,448	-	-
Total Mutual Funds	2,537,199	-	-
Government Securities			
Treasury Notes	417,157	-	-
Agency Bonds	302,308	-	-
Total Government Securities	719,465	-	-
Corporate Bonds	531,311	-	-
Hedge Funds	-	766,073	-
Company Stock	-	-	5,840,922
Private Equity	-	-	161,842
	$ 3,787,975	$ 766,073	$ 6,002,764

	Assets at Fair Value as of September 30, 2009		
	Level 1	Level 2	Level 3
Mutual Funds			
Domestic Equity	$ 996,373	$ -	$ -
International Equity	677,446	-	-
Fixed Income	411,432	-	-
Commodities	260,347	-	-
Emerging Markets	91,125	-	-
Total Mutual Funds	2,436,723	-	-
Government Securities			
Treasury Notes	963,738	-	-
Agency Bonds	255,673	-	-
Total Government Securities	1,219,411	-	-
Corporate Bonds	29,073	-	-
Hedge Funds	-	553,290	-
Company Stock	-	-	4,694,231
Private Equity	-	-	115,502
	$ 3,685,207	$ 553,290	$ 4,809,733

NOTE 5: **FAIR VALUE MEASUREMENTS (Continued)**

The following table sets forth a summary of changes in fair value of the Plan's Level 3 assets for the year ended September 30, 2010:

	Company Stock	Private Equity
Beginning balance, September 30, 2009	$ 4,694,231	$ 115,502
Total gains (realized and unrealized) included in changes in net assets available for plan benefits	1,146,691	2,746
Purchases, sales, and settlements (net)	-	43,594
Ending balance, September 30, 2010	$ 5,840,922	$ 161,842

NOTE 6: **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. 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 statement of net assets available for Plan benefits.

NOTE 7: **SUBSEQUENT EVENTS**

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through June 28, 2011, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

GCX CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN
EIN: 94-1738443 / PLAN: 002

SCHEDULE H, LINE 4i:
SCHEDULE OF ASSETS HELD AT END OF YEAR
September 30, 2010

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Bank of Marin Money Market Fund	Money Market Fund	$ 1,048,561	$ 608,232
	Bank of Marin Checking Account	Cash	2,968	1,721
	Total Cash and Money Market Funds			609,953
	Federal Home Loan Mortgage	Government Security Matures: 6-26-13, interest at 1.500%	140,503	142,263
	U.S. Treasury Note	Government Security Matures: 2-15-19, interest at 1.750%	127,262	137,096
	U.S. Treasury Note	Government Security Matures: 4-30-12, interest at 1.000%	83,386	83,427
	U.S. Treasury Note	Government Security Matures: 7-15-13, interest at 1.000%	75,815	76,082
	Federal Home Loan Mortgage	Government Security Matures: 10-13-40, interest at 5.000%	63,905	63,905
	U.S. Treasury Note	Government Security Matures: 8-31-16, interest at 3.000%	54,438	57,424
	Federal Home Loan Bank	Government Security Matures: 11-17-17, interest at 5.000%	48,235	52,234
	U.S. Treasury Note	Government Security Matures: 6-30-15, interest at 1.875%	48,796	49,179
	Federal National Mortgage Assn	Government Security Matures: 7-28-15, interest at 2.375%	43,687	43,906
	U.S. Treasury Note	Government Security Matures: 5-15-20, interest at 3.500%	13,175	13,949
	Total Government Securities			719,465
	Chase	Corporate Bond Matures: 7-15-14, interest at 0.300%	14,579	14,654
	Chrysler Financial	Corporate Bond Matures: 1-15-16, interest at 2.820%	13,154	13,110
	Verizon Communications Inc.	Corporate Bond Matures: 2-15-18, interest at 5.500%	11,982	12,688
	Bank of America Corp	Corporate Bond Matures: 5-15-14, interest at 7.375%	12,315	12,655
	Vodafone Group	Corporate Bond Matures: 2-27-17, interest at 5.625%	11,999	12,575
	Wells Fargo & Co	Corporate Bond Matures: 12-11-17, interest at 5.625%	12,437	12,550
	General Electric Corporation	Corporate Bond Matures: 2-15-17, interest at 5.400%	11,384	12,120

GCX CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN
EIN: 94-1738443 / PLAN: 002

SCHEDULE H, LINE 4i:
SCHEDULE OF ASSETS HELD AT END OF YEAR
September 30, 2010

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Vodafone Group	Corporate Bond		
		Matures: 12-16-13, interest at 5.000%	11,964	12,117
	JP Morgan Chase & Co	Corporate Bond		
		Matures: 3-01-15, interest at 4.750%	11,776	12,052
	Kraft Foods Inc.	Corporate Bond		
		Matures: 11-01-11, interest at 5.625%	11,730	11,567
	Metlife Inc.	Corporate Bond		
		Matures: 8-15-18, interest at 6.817%	10,246	11,067
	Bank of America Corp	Corporate Bond		
		Matures: 6-01-19, interest at 7.625%	10,474	10,941
	Conoco Phillips	Corporate Bond		
		Matures: 10-15-16, interest at 5.625%	10,125	10,826
	SBC Communications	Corporate Bond		
		Matures: 6-15-16, interest at 5.625%	9,997	10,713
	AT&T Inc.	Corporate Bond		
		Matures: 2-01-18, interest at 5.500%	9,802	10,665
	Barrick Gold Finance Company	Corporate Bond		
		Matures: 9-15-13, interest at 6.125%	10,217	10,464
	HSBC Finance Corporation	Corporate Bond		
		Matures: 6-30-15, interest at 5.000%	9,586	10,035
	General Electric Corporation	Corporate Bond		
		Matures: 1-15-13, interest at 5.450%	9,785	9,985
	BB&T Corporation	Corporate Bond		
		Matures: 4-29-16, interest at 3.950%	9,172	9,764
	World Omni Auto	Corporate Bond		
		Matures: 5-15-15, interest at 2.210%	9,183	9,499
	Nissan	Corporate Bond		
		Matures: 7-15-14, interest at 0.870%	9,182	9,187
	Safeway Inc.	Corporate Bond		
		Matures: 8-15-17, interest at 6.350%	8,570	8,679
	Marathon Oil Corporation	Corporate Bond		
		Matures: 2-15-14, interest at 6.500%	8,238	8,427
	Comcast Corporation	Corporate Bond		
		Matures: 7-01-19, interest at 5.700%	7,679	8,408
	Electronic Data Systems	Corporate Bond		
		Matures: 8-01-13, interest at 6.000%	8,238	8,342
	Charles Schwab	Corporate Bond		
		Matures: 6-01-14, interest at 4.950%	7,828	8,133
	Coca Cola Enterprises	Corporate Bond		
		Matures: 8-15-13, interest at 5.000%	8,017	8,127

GCX CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN
EIN: 94-1738443 / PLAN: 002

SCHEDULE H, LINE 4i:
SCHEDULE OF ASSETS HELD AT END OF YEAR
September 30, 2010

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Prudential Financial Inc.	Corporate Bond Matures 1-15-13, interest at 5.150%	7,719	7,862
	General Mills	Corporate Bond Matures: 2-15-12, interest at 6.000%	8,030	7,850
	US Bancorp	Corporate Bond Matures: 3-04-15, interest at 3.150%	7,346	7,775
	Hyundai Auto	Corporate Bond Matures: 8-15-13, interest at 2.030%	7,386	7,408
	USAA Auto Owner	Corporate Bond Matures: 10-15-12, interest at 1.540%	7,351	7,391
	Banc America Auto	Corporate Bond Matures: 10-15-12, interest at 0.910%	7,347	7,345
	MBNA Master Credit Card	Corporate Bond Matures: 8-15-14, interest at 0.390%	7,318	7,333
	Valero Energy Corp	Corporate Bond Matures: 3-15-19, interest at 9.375%	6,553	6,989
	Rio Tinto Finance USA Ltd	Corporate Bond Matures: 5-01-14, interest at 8.950%	6,493	6,797
	BHP Billiton Finance USA Ltd	Corporate Bond Matures: 4-01-19, interest at 6.500%	6,403	6,794
	Sempra Energy	Corporate Bond Matures: 6-01-16, interest at 6.500%	6,124	6,594
	CSX Corporation	Corporate Bond Matures: 3-15-18, interest at 6.250%	6,377	6,516
	Kroger Company	Corporate Bond Matures: 1-15-14, interest at 7.500%	6,398	6,513
	AMP Property LP	Corporate Bond Matures: 6-30-18, interest at 7.500%	6,111	6,490
	CVS Caremark Corporation	Corporate Bond Matures: 8-15-16, interest at 6.125%	6,022	6,488
	Occidental Pete Corporation	Corporate Bond Matures: 11-01-13, interest at 7.000%	6,391	6,479
	Enterprise Products Operating LLC	Corporate Bond Matures: 1-31-19, interest at 6.500%	6,073	6,409
	Daimler Chrysler Auto	Corporate Bond Matures: 9-08-12, interest at 4.710%	6,519	6,380
	Starbucks Corp	Corporate Bond Matures: 8-15-17, interest at 6.250%	6,392	6,373
	Norfolk Southern Corp	Corporate Bond Matures: 1-15-16, interest at 5.750%	5,993	6,370

GCX CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN
EIN: 94-1738443 / PLAN: 002

SCHEDULE H, LINE 4i:
SCHEDULE OF ASSETS HELD AT END OF YEAR
September 30, 2010

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Conagra Foods	Corporate Bond Matures: 4-15-14, interest at 5.875%	6,068	6,283
	Wachovia Corp	Corporate Bond Matures: 6-15-17, interest at 5.750%	5,867	6,262
	Wyeth	Corporate Bond Matures: 2-01-14, interest at 5.500%	6,122	6,245
	Boardwalk Pipelines LP	Corporate Bond Matures: 11-15-16, interest at 5.875%	6,266	6,219
	Goldman Sachs Group Inc.	Corporate Bond Matures: 10-01-16, interest at 5.750%	5,827	6,137
	Vale Overseas Ltd	Corporate Bond Matures: 9-15-19, interest at 5.625%	5,763	6,118
	Capital Auto Rev	Corporate Bond Matures: 10-15-12, interest at 4.680%	6,444	6,084
	Columbus Southern Power Company	Corporate Bond Matures: 3-01-13, interest at 5.500%	5,894	6,017
	Dominion Res Inc.	Corporate Bond Matures: 3-15-13, interest at 5.000%	5,920	6,008
	Shell International	Corporate Bond Matures: 3-21-14, interest at 4.000%	5,838	5,962
	Alabama Power Company	Corporate Bond Matures: 12-15-12, interest at 4.850%	6,004	5,947
	United Health Group	Corporate Bond Matures: 4-01-13, interest at 4.875%	5,939	5,947
	Boeing Cap Corporation	Corporate Bond Matures: 2-15-12, interest at 6.500%	6,081	5,937
	Peco Energy	Corporate Bond Matures: 10-01-12, interest at 4.750%	5,901	5,906
	HJ Heinz Finance Company	Corporate Bond Matures: 7-15-11, interest at 6.625%	5,999	5,758
	Vornado Realty LP	Corporate Bond Matures: 4-01-15, interest at 4.250%	5,382	5,685
	BB&T Corporation	Corporate Bond Matures: 7-28-11, interest at 3.100%	5,625	5,612
	EI DuPont	Corporate Bond Matures: 1-15-14, interest at 5.875%	1,641	1,678
	Total Corporate Bonds			531,311
	GT ERISA Fund, LTD	Hedge Fund	275,333	288,024
	Dorchester Capital International, LTD	Hedge Fund	183,555	196,442

GCX CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN
EIN: 94-1738443 / PLAN: 002

SCHEDULE H, LINE 4i:
SCHEDULE OF ASSETS HELD AT END OF YEAR
September 30, 2010

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Fortress Partners Offshore Fund	Hedge Fund	183,555	185,581
	Hatteras Multi-Strategy TEI Fund	Hedge Fund	91,778	96,026
	Total Hedge Funds			766,073
	GMO International Equity Allocation	Mutual Fund	326,440	399,441
	Templeton Global Bond	Mutual Fund	238,622	252,708
	Hussman Strategic Growth Fund	Mutual Fund	238,622	246,694
	Loomis Sayles Bond	Mutual Fund	213,892	219,896
	IVA International	Mutual Fund	167,957	209,838
	FPA Crescent	Mutual Fund	132,160	174,283
	Jensen Portfolio	Mutual Fund	145,564	157,348
	Dodge & Cox Stock Fund	Mutual Fund	171,136	146,612
	T. Rowe Price Instl Large Cap Core	Mutual Fund	158,652	142,801
	SPDR Gold Trust	Mutual Fund	36,733	109,975
	Eaton Vance Tax-Managed Emerging Markets I	Mutual Fund	64,083	104,077
	Ivy Global Natl Res.	Mutual Fund	138,014	87,064
	Longleaf Partners Small Cap	Mutual Fund	44,053	82,493
	Osterweis Fund	Mutual Fund	66,210	81,694
	Vanguard FTSE All-World ex-US Index	Mutual Fund	73,422	80,904
	Eaton Vance Structured Emerging Markets	Mutual Fund	36,711	41,371
	Total Mutual Funds			2,537,199
	Third Avenue Real Estate Value Fund	Private Equity	120,789	123,536
	Prana Income Fund Ten	Private Equity	32,963	32,963
	Prana Income Fund Eight	Private Equity	5,343	5,343
	Total Private Equity			161,842
*	GCX Corporation	Plan Sponsor Stock	N/A	5,840,922
*	Notes Receivable From Participants	Interest ranging from 5.25% to 10.25%		66,834
	Total Assets Held at End of Year			$ 11,233,599

* *Party in interest*

N/A Cost information is not available

GCX CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN
EIN: 94-1738443 / PLAN: 002

SCHEDULE H, LINE 4i:
SCHEDULE OF ASSETS HELD AT END OF YEAR
September 30, 2010

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Bank of Marin Money Market Fund	Money Market Fund	$ 1,048,561	$ 608,232
	Bank of Marin Checking Account	Cash	2,968	1,721
	Total Cash and Money Market Funds			609,953
	Federal Home Loan Mortgage	Government Security Matures: 6-26-13, interest at 1.500%	140,503	142,263
	U.S. Treasury Note	Government Security Matures: 2-15-19, interest at 1.750%	127,262	137,096
	U.S. Treasury Note	Government Security Matures: 4-30-12, interest at 1.000%	83,386	83,427
	U.S. Treasury Note	Government Security Matures: 7-15-13, interest at 1.000%	75,815	76,082
	Federal Home Loan Mortgage	Government Security Matures: 10-13-40, interest at 5.000%	63,905	63,905
	U.S. Treasury Note	Government Security Matures: 8-31-16, interest at 3.000%	54,438	57,424
	Federal Home Loan Bank	Government Security Matures: 11-17-17, interest at 5.000%	48,235	52,234
	U.S. Treasury Note	Government Security Matures: 6-30-15, interest at 1.875%	48,796	49,179
	Federal National Mortgage Assn	Government Security Matures: 7-28-15, interest at 2.375%	43,687	43,906
	U.S. Treasury Note	Government Security Matures: 5-15-20, interest at 3.500%	13,175	13,949
	Total Government Securities			719,465
	Chase	Corporate Bond Matures: 7-15-14, interest at 0.300%	14,579	14,654
	Chrysler Financial	Corporate Bond Matures: 1-15-16, interest at 2.820%	13,154	13,110
	Verizon Communications Inc.	Corporate Bond Matures: 2-15-18, interest at 5.500%	11,982	12,688
	Bank of America Corp	Corporate Bond Matures: 5-15-14, interest at 7.375%	12,315	12,655
	Vodafone Group	Corporate Bond Matures: 2-27-17, interest at 5.625%	11,999	12,575
	Wells Fargo & Co	Corporate Bond Matures: 12-11-17, interest at 5.625%	12,437	12,550
	General Electric Corporation	Corporate Bond Matures: 2-15-17, interest at 5.400%	11,384	12,120

GCX CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN
EIN: 94-1738443 / PLAN: 002

SCHEDULE H, LINE 4i:
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September 30, 2010

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Vodafone Group	Corporate Bond		
		Matures: 12-16-13, interest at 5.000%	11,964	12,117
	JP Morgan Chase & Co	Corporate Bond		
		Matures: 3-01-15, interest at 4.750%	11,776	12,052
	Kraft Foods Inc.	Corporate Bond		
		Matures: 11-01-11, interest at 5.625%	11,730	11,567
	Metlife Inc.	Corporate Bond		
		Matures: 8-15-18, interest at 6.817%	10,246	11,067
	Bank of America Corp	Corporate Bond		
		Matures: 6-01-19, interest at 7.625%	10,474	10,941
	Conoco Phillips	Corporate Bond		
		Matures: 10-15-16, interest at 5.625%	10,125	10,826
	SBC Communications	Corporate Bond		
		Matures: 6-15-16, interest at 5.625%	9,997	10,713
	AT&T Inc.	Corporate Bond		
		Matures: 2-01-18, interest at 5.500%	9,802	10,665
	Barrick Gold Finance Company	Corporate Bond		
		Matures: 9-15-13, interest at 6.125%	10,217	10,464
	HSBC Finance Corporation	Corporate Bond		
		Matures: 6-30-15, interest at 5.000%	9,586	10,035
	General Electric Corporation	Corporate Bond		
		Matures: 1-15-13, interest at 5.450%	9,785	9,985
	BB&T Corporation	Corporate Bond		
		Matures: 4-29-16, interest at 3.950%	9,172	9,764
	World Omni Auto	Corporate Bond		
		Matures: 5-15-15, interest at 2.210%	9,183	9,499
	Nissan	Corporate Bond		
		Matures: 7-15-14, interest at 0.870%	9,182	9,187
	Safeway Inc.	Corporate Bond		
		Matures: 8-15-17, interest at 6.350%	8,570	8,679
	Marathon Oil Corporation	Corporate Bond		
		Matures: 2-15-14, interest at 6.500%	8,238	8,427
	Comcast Corporation	Corporate Bond		
		Matures: 7-01-19, interest at 5.700%	7,679	8,408
	Electronic Data Systems	Corporate Bond		
		Matures: 8-01-13, interest at 6.000%	8,238	8,342
	Charles Schwab	Corporate Bond		
		Matures: 6-01-14, interest at 4.950%	7,828	8,133
	Coca Cola Enterprises	Corporate Bond		
		Matures: 8-15-13, interest at 5.000%	8,017	8,127

GCX CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN
EIN: 94-1738443 / PLAN: 002

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SCHEDULE OF ASSETS HELD AT END OF YEAR
September 30, 2010

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Prudential Financial Inc.	Corporate Bond		
		Matures 1-15-13, interest at 5.150%	7,719	7,862
	General Mills	Corporate Bond		
		Matures: 2-15-12, interest at 6.000%	8,030	7,850
	US Bancorp	Corporate Bond		
		Matures: 3-04-15, interest at 3.150%	7,346	7,775
	Hyundai Auto	Corporate Bond		
		Matures: 8-15-13, interest at 2.030%	7,386	7,408
	USAA Auto Owner	Corporate Bond		
		Matures: 10-15-12, interest at 1.540%	7,351	7,391
	Banc America Auto	Corporate Bond		
		Matures: 10-15-12, interest at 0.910%	7,347	7,345
	MBNA Master Credit Card	Corporate Bond		
		Matures: 8-15-14, interest at 0.390%	7,318	7,333
	Valero Energy Corp	Corporate Bond		
		Matures: 3-15-19, interest at 9.375%	6,553	6,989
	Rio Tinto Finance USA Ltd	Corporate Bond		
		Matures: 5-01-14, interest at 8.950%	6,493	6,797
	BHP Billiton Finance USA Ltd	Corporate Bond		
		Matures: 4-01-19, interest at 6.500%	6,403	6,794
	Sempra Energy	Corporate Bond		
		Matures: 6-01-16, interest at 6.500%	6,124	6,594
	CSX Corporation	Corporate Bond		
		Matures: 3-15-18, interest at 6.250%	6,377	6,516
	Kroger Company	Corporate Bond		
		Matures: 1-15-14, interest at 7.500%	6,398	6,513
	AMP Property LP	Corporate Bond		
		Matures: 6-30-18, interest at 7.500%	6,111	6,490
	CVS Caremark Corporation	Corporate Bond		
		Matures: 8-15-16, interest at 6.125%	6,022	6,488
	Occidental Pete Corporation	Corporate Bond		
		Matures: 11-01-13, interest at 7.000%	6,391	6,479
	Enterprise Products Operating LLC	Corporate Bond		
		Matures: 1-31-19, interest at 6.500%	6,073	6,409
	Daimler Chrysler Auto	Corporate Bond		
		Matures: 9-08-12, interest at 4.710%	6,519	6,380
	Starbucks Corp	Corporate Bond		
		Matures: 8-15-17, interest at 6.250%	6,392	6,373
	Norfolk Southern Corp	Corporate Bond		
		Matures: 1-15-16, interest at 5.750%	5,993	6,370

GCX CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN
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SCHEDULE H, LINE 4i:
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September 30, 2010

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Conagra Foods	Corporate Bond		
		Matures: 4-15-14, interest at 5.875%	6,068	6,283
	Wachovia Corp	Corporate Bond		
		Matures: 6-15-17, interest at 5.750%	5,867	6,262
	Wyeth	Corporate Bond		
		Matures: 2-01-14, interest at 5.500%	6,122	6,245
	Boardwalk Pipelines LP	Corporate Bond		
		Matures: 11-15-16, interest at 5.875%	6,266	6,219
	Goldman Sachs Group Inc.	Corporate Bond		
		Matures: 10-01-16, interest at 5.750%	5,827	6,137
	Vale Overseas Ltd	Corporate Bond		
		Matures: 9-15-19, interest at 5.625%	5,763	6,118
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	Columbus Southern Power Company	Corporate Bond		
		Matures: 3-01-13, interest at 5.500%	5,894	6,017
	Dominion Res Inc.	Corporate Bond		
		Matures: 3-15-13, interest at 5.000%	5,920	6,008
	Shell International	Corporate Bond		
		Matures: 3-21-14, interest at 4.000%	5,838	5,962
	Alabama Power Company	Corporate Bond		
		Matures: 12-15-12, interest at 4.850%	6,004	5,947
	United Health Group	Corporate Bond		
		Matures: 4-01-13, interest at 4.875%	5,939	5,947
	Boeing Cap Corporation	Corporate Bond		
		Matures: 2-15-12, interest at 6.500%	6,081	5,937
	Peco Energy	Corporate Bond		
		Matures: 10-01-12, interest at 4.750%	5,901	5,906
	HJ Heinz Finance Company	Corporate Bond		
		Matures: 7-15-11, interest at 6.625%	5,999	5,758
	Vornado Realty LP	Corporate Bond		
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	BB&T Corporation	Corporate Bond		
		Matures: 7-28-11, interest at 3.100%	5,625	5,612
	EI DuPont	Corporate Bond		
		Matures: 1-15-14, interest at 5.875%	1,641	1,678
	Total Corporate Bonds			531,311
	GT ERISA Fund, LTD	Hedge Fund	275,333	288,024
	Dorchester Capital International, LTD	Hedge Fund	183,555	196,442

GCX CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN
EIN: 94-1738443 / PLAN: 002

SCHEDULE H, LINE 4i:
SCHEDULE OF ASSETS HELD AT END OF YEAR
September 30, 2010

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
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	Hatteras Multi-Strategy TEI Fund	Hedge Fund	91,778	96,026
	Total Hedge Funds			766,073
	GMO International Equity Allocation	Mutual Fund	326,440	399,441
	Templeton Global Bond	Mutual Fund	238,622	252,708
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	Loomis Sayles Bond	Mutual Fund	213,892	219,896
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	Ivy Global Natl Res.	Mutual Fund	138,014	87,064
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	Osterweis Fund	Mutual Fund	66,210	81,694
	Vanguard FTSE All-World ex-US Index	Mutual Fund	73,422	80,904
	Eaton Vance Structured Emerging Markets	Mutual Fund	36,711	41,371
	Total Mutual Funds			2,537,199
	Third Avenue Real Estate Value Fund	Private Equity	120,789	123,536
	Prana Income Fund Ten	Private Equity	32,963	32,963
	Prana Income Fund Eight	Private Equity	5,343	5,343
	Total Private Equity			161,842
*	GCX Corporation	Plan Sponsor Stock	N/A	5,840,922
*	Notes Receivable From Participants	Interest ranging from 5.25% to 10.25%		66,834
	Total Assets Held at End of Year			$ 11,233,599

* *Party in interest*
N/A Cost information is not available

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ___

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan GCX CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1975

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
GCX CORPORATION

3875 CYPRESS DRIVE

PETALUMA CA 94954-5635

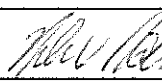
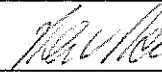
2b Employer Identification Number (EIN) 94-1738443

2c Sponsor's telephone number (707)781-1755

2d Business code (see instructions) 332900

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		12 July 2011	Mark V. Ross
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		12 July 2011	Mark V. Ross
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") TRUSTEE 3875 CYPRESS DRIVE PETALUMA CA 94954-5635	**3b** Administrator's EIN 94-2346042	
	3c Administrator's telephone number (707)781-1755	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: **a** Sponsor's name	**4b** EIN	
	4c PN	

5 Total number of participants at the beginning of the plan year	**5**	212
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
a Active participants	**6a**	164
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	16
d Subtotal. Add lines 6a, 6b, and 6c	**6d**	181
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines 6d and 6e	**6f**	181
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	93
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2I 2O

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

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

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

a Pension Schedules		**b General Schedules**		
(1) [X]	R (Retirement Plan Information)	(1) [X]	H (Financial Information)	
(2)	MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	I (Financial Information – Small Plan)	
		(3)	A (Insurance Information)	___
		(4) [X]	C (Service Provider Information)	
(3)	SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	D (DFE/Participating Plan Information)	
		(6)	G (Financial Transaction Schedules)	