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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

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 707-781-1734

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.	07/10/2012	MARK V. ROSS
	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
707-781-1734

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**	190
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**	184
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	14
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	199
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	199
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	86
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.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

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)

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	22531	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	18380	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAMPBELL TAYLOR

68-0251243

(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?
10	NONE	5180	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 ☐

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

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	1721	12170
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1611	9036
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	608232	290475
(2) U.S. Government securities	1c(2)	719465	266680
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	531311	691102
(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)	161842	176243
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	66834	42104
(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)	3303272	3608265
(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)	5840922	7212437
	(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	11235210	12308512
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	165	165
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	165	165
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11235045	12308347

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)	2568	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2568
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)	4295	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4295
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	110582	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		110582
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	9171	
	(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)		9171

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1126539	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1126539
(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		1253155
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	125634	
(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)		125634
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)	26581	
(4) Other	2i(4)	27638	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		54219
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		179853
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1073302
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		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? 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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

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 and
Independent Auditor's Report of

GCX CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN

September 30, 2011 and 2010

GCX CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN

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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, 2011 and 2010 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, 2011 and 2010 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 $7,212,437 and $5,840,922 as of September 30, 2011 and 2010, respectively. The fair value of company stock is determined by the plan Trustees based on an annual valuation of the common stock prepared by an independent appraiser. 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 and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. 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

July 9, 2012
Roseville, California

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

GCX CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
September 30, 2011 and 2010

	2011	2010
ASSETS:		
Investments, at fair value, non-participant directed		
Investments	$ 4,742,290	$ 4,715,890
GCX Corporation common stock	7,212,437	5,840,922
Interest bearing cash	290,475	608,232
Total investments	12,245,202	11,165,044
Non-interest bearing cash	12,170	1,721
Receivables		
Notes receivable from participants	42,104	66,834
Other receivables	9,036	1,611
Total receivables	51,140	68,445
Total assets	12,308,512	11,235,210
LIABILITIES:		
Other liabilities	165	165
Net assets available for plan benefits	$ 12,308,347	$ 11,235,045

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, 2011 and 2010

	2011	2010
ADDITIONS TO NET ASSETS:		
Investment income		
Net appreciation in fair value of investments	$ 1,135,710	$ 1,459,389
Dividends	110,582	730,050
Interest	4,295	5,977
Total investment income	1,250,587	2,195,416
Other income	2,568	-
Total additions	1,253,155	2,195,416
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants	125,634	777,186
Administrative expenses	54,219	45,646
Total deductions	179,853	822,832
Increase in net assets	1,073,302	1,372,584
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
Beginning of year	11,235,045	9,862,461
End of year	$ 12,308,347	$ 11,235,045

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

GCX CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO FINANCIAL STATEMENTS
September 30, 2011 and 2010

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, 2011 and 2010.

Participant Accounts
Each participant's share of Plan assets is recorded in 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.

Distributions of Company common stock include a "put option," that if exercised, requires the Company to purchase the stock based on the terms defined in the Plan document.

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 must be decided by pass-through voting of outstanding common shares voted.

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

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

Investment Valuation and Income Recognition
Plan investments, except participant loans, at September 30, 2011 and 2010 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 and are non-participant directed. Investments in securities are stated at fair market value using quoted market prices when available. Cash and cash equivalents are valued at stated carrying values which approximates market value. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

The value of the investment in the common stock of the Company was determined by the Trustees based on an annual independent appraisal. The appraised value per share was $55,824 and $45,208 as of September 30, 2011 and 2010, respectively. The Plan holds Company stock valued at $7,212,437 and $5,840,922 at September 30, 2011 and 2010, 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 (the "IRS") 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.

Plan management evaluates tax positions taken by the Plan to 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 IRS. Plan management has determined that as of September 30, 2011 there are no uncertain tax positions taken or expected to be taken that would require recognition or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities and there are currently no audits for any tax periods in progress. Plan management believes it is no longer subject to income tax examinations for years prior to 2007.

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, may 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, 2011 investments included Company stock that represented 5% or more of net assets available for Plan benefits as follows:

Investment	2011
GCX Corporation Common Stock	$7,212,437

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

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, 2011 and 2010:

	2011	2010
Non-participant directed:		
Realized gain on sale of investments	$ 9,171	$ 23,946
Net unrealized appreciation (depreciation) in fair value as determined by quoted market prices	(186,062)	254,160
Net unrealized appreciation in fair value of Company stock - 129.2 shares for the years ended 2011 and 2010	1,371,515	1,146,691
Net unrealized appreciation (depreciation) in estimated fair value determined using level 2 and 3 inputs	(58,914)	34,592
Net unrealized appreciation in fair value of investments	1,126,539	1,435,443
Net appreciation in fair value of investments	$ 1,135,710	$ 1,459,389

NOTE 5: **FAIR VALUE MEASUREMENTS**

The Financial Accounting Standards Board established 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. Level 3 inputs were used only when Level 1 or Level 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, 2011 and 2010.

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.

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

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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2011 and 2010:

	Assets at Fair Value as of September 30, 2011		
	Level 1	Level 2	Level 3
Mutual Funds			
Domestic Equity	$ 901,152	$ -	$ -
International Equity	644,335	-	-
Fixed Income	573,827	-	-
Commodities	219,768	-	-
Emerging Markets	220,201	-	-
Total Mutual Funds	2,559,283	-	-
Government Securities			
Treasury Notes	266,680	-	-
Agency Bonds	191,291	-	-
Total Government Securities	457,971	-	-
Corporate Bonds	499,811	-	-
Hedge Funds	-	1,048,982	-
Company Stock	-	-	7,212,437
Private Equity	-	-	176,243
	$ 3,517,065	$ 1,048,982	$ 7,388,680

	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

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, 2011:

	Company Stock	Private Equity
Beginning balance, September 30, 2010	$ 5,840,922	$ 161,842
Total gains (losses) (realized and unrealized) included in change in net assets available for plan benefits	1,371,515	(30,086)
Purchases	-	44,487
Ending balance, September 30, 2011	$ 7,212,437	$ 176,243

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: **PARTY-IN-INTEREST TRANSACTIONS**

Administrative expenses paid to parties-in-interest for the years ended September 30, 2011 and 2010 are as follows:

	2011	2010
Asset management	$ 22,351	$ 17,740
Third party administration	18,545	18,163
Audit	5,180	2,855
Broker fees	4,230	4,543
Legal	3,522	2,193
Other	391	152
	$ 54,219	$ 45,646

Such transactions are permitted under the provisions of the Plan and are exempt from prohibition of party-in-interest transactions under ERISA.

NOTE 8: **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 July 9, 2012, the date the financial statements were available to be issued, and management has determined that no subsequent events have occurred that should be disclosed other than the matter discussed below.

Subsequent to year-end, management received notice from the United States Department of Labor, Employee Benefits Security Administration, that the department was opening an examination of the Plan for the periods beginning January 1, 2009.

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, 2011

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Bank of Marin Money Market Fund	Money Market Fund	$ -	$ 290,475
	Bank of Marin Checking Account	Cash	-	12,170
	Total Cash and Money Market Funds			302,645
	Federal National Mortgage Assn	Government Security		
		Matures: 6-27-14, interest at 1.125%	100,467	100,574
	U.S. Treasury Note	Government Security		
		Matures: 5-15-20, interest at 3.500%	84,060	91,007
	U.S. Treasury Note	Government Security		
		Matures: 6-15-14, interest at 0.750%	81,078	81,826
	U.S. Treasury Note	Government Security		
		Matures: 6-30-17, interest at 2.500%	40,948	44,480
	Federal Home Loan Mortgage	Government Security		
		Matures: 3-27-19, interest at 3.750%	34,080	37,362
	Federal Home Loan Mortgage	Government Security		
		Matures: 5-27-16, interest at 2.500%	33,356	33,312
	U.S. Treasury Note	Government Security		
		Matures: 1-31-13, interest at 0.625%	28,132	28,261
	U.S. Treasury Note	Government Security		
		Matures: 3-31-16, interest at 2.250%	20,519	21,106
	Federal Home Loan Mortgage	Government Security		
		Matures: 8-27-14, interest at 1.000%	20,150	20,043
	Total Government Securities			457,971
	Capital One Master Tr 2004-1A	Corporate Bond		
		Matures: 12-15-16, interest at 0.476%	13,178	13,186
	Wachovia Corp	Corporate Bond		
		Matures: 11-15-48, interest at 5.308%	12,209	12,232
	B of A Credit Card Tr 2006-14A	Corporate Bond		
		Matures: 4-15-16, interest at 0.316%	11,477	11,543
	Vodafone Group Pic New	Corporate Bond		
		Matures: 12-16-13, interest at 5.000%	10,777	10,725
	Bank of America Fdg Corp	Corporate Bond		
		Matures: 5-15-14, interest at 7.375%	11,093	10,231
	General Electric Cap Corp Mtn Be	Corporate Bond		
		Matures: 9-16-20, interest at 4.375%	9,681	10,044
	Metlife Inc	Corporate Bond		
		Matures: 8-15-18, interest at 6.817%	9,229	9,729
	ConocoPhillips Cda Fdg CO I	Corporate Bond		
		Matures: 10-15-16, interest at 5.625%	9,120	9,593

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, 2011

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Verizon Communications Inc	Corporate Bond Matures: 2-15-18, interest at 5.500%	9,009	9,584
	AT&T Inc.	Corporate Bond Matures: 2-01-18, interest at 5.500%	8,830	9,572
	Bear Stearns Cos Inc	Corporate Bond Matures: 10-02-17, interest at 6.400%	9,447	9,393
	Wells Fargo & Co	Corporate Bond Matures: 12-11-17, interest at 5.625%	9,335	9,316
	BB&T Corporation	Corporate Bond Matures: 4-29-16, interest at 3.950%	8,262	8,754
	Directv Hldgs LLC / DirecTV	Corporate Bond Matures: 3-01-21, interest at 5.000%	8,444	8,739
	CVS Caremark Corporation	Corporate Bond Matures: 5-15-21, interest at 4.125%	8,469	8,626
	Bank of America Fdg Corp	Corporate Bond Matures: 6-01-19, interest at 7.625%	9,435	8,599
	HSBC Finance Corp	Corporate Bond Matures: 6-30-15, interest at 5.000%	8,634	8,526
	World Omni Auto Asset Backed	Corporate Bond Matures: 5-15-15, interest at 2.210%	8,272	8,471
	Honda Auto Recv 2011-1	Corporate Bond Matures: 6-15-13, interest at 0.650%	8,267	8,267
	Nissan Auto Recv 2010-A	Corporate Bond Matures: 7-15-14, interest at 0.870%	8,271	8,258
	Goldman Sachs Group Inc Mtn Be	Corporate Bond Matures: 3-15-20, interest at 5.375%	8,618	8,183
	Safeway Inc	Corporate Bond Matures: 8-15-17, interest at 6.350%	7,719	7,667
	Charles Schwab	Corporate Bond Matures: 6-01-14, interest at 4.950%	7,051	7,244
	General Elec Cap Corp Mtn Be	Corporate Bond Matures: 2-15-17, interest at 5.400%	6,836	7,211
	Electronic Data Systems	Corporate Bond Matures: 8-01-13, interest at 6.000%	7,421	7,084
	JP Morgan Com Mtg 2006-CIBC17	Corporate Bond Matures: 12-12-43, interest at 5.429%	7,097	7,042
	US Bancorp Mtns Bk Ent	Corporate Bond Matures: 3-04-15, interest at 3.150%	6,617	6,949
	Prudential Financial Inc	Corporate Bond Matures: 1-15-13, interest at 5.150%	6,952	6,866

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	Bunge Ltd Fin Corp	Corporate Bond		
		Matures: 3-15-16, interest at 4.100%	6,650	6,766
	HCP Inc.	Corporate Bond		
		Matures: 2-15-21, interest at 5.375%	6,627	6,646
	Honda Auto Recv 2010-3	Corporate Bond		
		Matures: 12-21-16, interest at 0.940%	6,602	6,634
	MBNA MCt Card Tr 1997-B Asset Bkd	Corporate Bond		
		Matures: 8-15-14, interest at 0.390%	6,591	6,615
	Honda Auto Recv 2011-2	Corporate Bond		
		Matures: 3-18-15, interest at 0.940%	6,613	6,613
	Valero Energy Corp New	Corporate Bond		
		Matures: 3-15-19, interest at 9.375%	5,903	6,382
	Jeffries Group Inc New	Corporate Bond		
		Matures: 4-13-18, interest at 5.125%	6,595	6,240
	Starbucks Corp	Corporate Bond		
		Matures: 8-15-17, interest at 6.250%	5,757	5,907
	Enterprise Prods Oper LLC	Corporate Bond		
		Matures: 1-31-19, interest at 6.500%	5,471	5,813
	Sempra Energy	Corporate Bond		
		Matures: 6-01-16, interest at 6.500%	5,516	5,792
	Arcelormittal SA Luxembourg	Corporate Bond		
		Matures: 6-01-19, interest at 9.850%	6,377	5,658
	Dow Chemical Company Notes	Corporate Bond		
		Matures: 5-15-14, interest at 7.600%	5,770	5,646
	Kroger Co	Corporate Bond		
		Matures: 1-15-14, interest at 7.500%	5,763	5,607
	Wachovia Corp	Corporate Bond		
		Matures: 6-15-17, interest at 5.750%	5,284	5,587
	Boardwalk Pipelines LP	Corporate Bond		
		Matures: 11-15-16, interest at 5.875%	5,644	5,560
	UnitedHealth Group	Corporate Bond		
		Matures: 2-15-21, interest at 4.700%	4,973	5,483
	Wyeth	Corporate Bond		
		Matures: 2-01-14, interest at 5.500%	5,514	5,476
	Arcelormittal SA Luxembourg	Corporate Bond		
		Matures: 2-15-15, interest at 9.000%	5,931	5,457
	Nordstrom Inc.	Corporate Bond		
		Matures: 5-01-20, interest at 4.750%	5,360	5,432
	Conagra Foods	Corporate Bond		
		Matures: 4-15-14, interest at 5.875%	5,466	5,430

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

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September 30, 2011

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Barrick Gold Financeco	Corporate Bond		
		Matures: 9-15-13, interest at 6.125%	5,522	5,423
	AMB Pppty LP	Corporate Bond		
		Matures: 6-30-18, interest at 7.500%	5,505	5,379
	Shell International	Corporate Bond		
		Matures: 3-21-14, interest at 4.000%	5,355	5,353
	HJ Heinz Co.	Corporate Bond		
		Matures: 7-15-13, interest at 5.350%	5,494	5,334
	Boeing Corp.	Corporate Bond		
		Matures: 2-15-15, interest at 3.500%	5,365	5,332
	LB-UBS CMBS 2006-C7	Corporate Bond		
		Matures: 11-15-38, interest at 5.347%	5,386	5,289
	Dominion Res Inc	Corporate Bond		
		Matures: 3-15-13, interest at 5.000%	5,333	5,236
	United Health Group	Corporate Bond		
		Matures: 4-01-13, interest at 4.875%	5,349	5,230
	Columbus Southern Pwr Co	Corporate Bond		
		Matures: 3-01-13, interest at 5.500%	5,309	5,224
	Goldman Sachs Group Inc	Corporate Bond		
		Matures: 10-01-16, interest at 5.750%	5,249	5,213
	Alabama Power Co.	Corporate Bond		
		Matures: 12-15-12, interest at 4.850%	5,409	5,193
	Vale Overseas Ltd	Corporate Bond		
		Matures: 9-15-19, interest at 5.625%	5,192	5,166
	Peco Energy	Corporate Bond		
		Matures: 10-01-12, interest at 4.750%	5,316	5,155
	Vornado Rlty LP	Corporate Bond		
		Matures: 4-01-15, interest at 4.250%	4,848	5,117
	Chrysler Financial Asset Backed	Corporate Bond		
		Matures: 1-15-16, interest at 2.820%	5,176	5,094
	Boeing Cap Corp.	Corporate Bond		
		Matures: 2-15-12, interest at 6.500%	5,478	5,063
	Deere John Cap Corp Mtns	Corporate Bond		
		Matures: 6-17-13, interest at 1.875%	5,081	5,050
	Target Corp.	Corporate Bond		
		Matures: 7-18-14, interest at 1.125%	4,994	5,005
	Caterpillar Finl Svcs Mtns Be	Corporate Bond		
		Matures: 5-20-14, interest at 1.375%	5,010	4,989
	Dow Chemical Company	Corporate Bond		
		Matures: 11-15-20, interest at 4.250%	5,153	4,965

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, 2011

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Mercedes Benz Auto Ser 2011-1 Cl A3	Corporate Bond		
		Matures: 3-15-14, interest at 0.850%	4,960	4,963
	First Horizon National Corp	Corporate Bond		
		Matures: 12-15-15, interest at 5.375%	5,230	4,878
	Alcoa Inc	Corporate Bond		
		Matures: 4-15-21, interest at 5.400%	4,984	4,726
	Hyundai Auto Asset Backed	Corporate Bond		
		Matures: 8-15-13, interest at 2.030%	3,905	3,899
	WMC Fin USA Ltd.	Corporate Bond		
		Matures: 5-15-13, interest at 5.125%	3,566	3,531
	USAA Auto Owner Asset Backed	Corporate Bond		
		Matures: 10-15-12, interest at 1.540%	3,018	3,024
	Capital Auto Rev Asset Backed	Corporate Bond		
		Matures: 10-15-12, interest at 4.680%	632	602
	Total Corporate Bonds			499,811
	GT ERISA Fund, LTD CL B-l (Global Hedge)	Hedge Fund	529,085	517,745
	GT ERISA Fund, LTD CL A-1(Partners)	Hedge Fund	281,077	271,033
	Fortress Partners Offshore,LP Series 2007	Hedge Fund	165,339	172,125
	Hatteras Multi-Strategy TEI Fund, LP	Hedge Fund	82,672	88,079
	Total Hedge Funds			1,048,982
	Templeton Global Bond Adv	Mutual Fund	388,548	370,738
	GMO International Equity Alloc III	Mutual Fund	276,171	318,572
	IVA International I	Mutual Fund	167,823	204,396
	Aston/River Road Dividend All Cap Val I	Mutual Fund	208,328	187,658
	FPA Crescent	Mutual Fund	138,885	172,282
	T. Rowe Price Instl Large Cap Core	Mutual Fund	179,988	170,937
	Dodge & Cox Stock Fund	Mutual Fund	181,269	158,057
	Jensen Portfolio I	Mutual Fund	144,345	151,520
	Eaton Vance Structured Emerging Markets Fu	Mutual Fund	152,112	127,519
	SPDR Gold Trust	Mutual Fund	33,088	122,409
	Vanguard FTSE All-World ex-US Index	Mutual Fund	135,578	121,367
	PIMCO Total Return Institutional	Mutual Fund	120,697	118,364
	Eaton Vance Tax-Managed Emg Mkts 1	Mutual Fund	74,257	92,683
	Loomis Sayles Bond	Mutual Fund	82,566	84,724
	Ivy Global Natural Resources Y	Mutual Fund	144,159	81,360
	Longleaf Partners Small Cap	Mutual Fund	30,998	60,695
	PIMCO CommodityRealRet Strat Institutional	Mutual Fund	19,841	16,002
	Total Mutual Funds			2,559,283

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, 2011

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Third Avenue Real Estate Value Fund	Private Equity	169,977	145,034
	Prana Income Fund Ten, LLC	Private Equity	29,692	29,692
	Prana Income Fund Eight	Private Equity	1,517	1,517
	Total Private Equity			176,243
*	GCX Corporation	Plan Sponsor Stock	N/A	7,212,437
*	Notes Receivable From Participants	Interest ranging from 5.25% to 10.25%		42,104
	Total Assets Held at End of Year			$ 12,299,476

** Party in interest*

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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

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

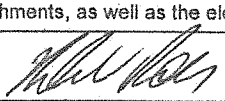
2b Employer Identification Number (EIN) 94-1738443

2c Sponsor's telephone number (707)781-1734

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		7/10/12	Mark V. Ross
	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) 781-1734	
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	190
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	184
b Retired or separated participants receiving benefits	6b	1
c Other retired or separated participants entitled to future benefits	6c	14
d Subtotal. Add lines 6a, 6b, and 6c	6d	199
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	199
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	86
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)

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, 2011

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Bank of Marin Money Market Fund	Money Market Fund	$ -	$ 290,475
	Bank of Marin Checking Account	Cash	-	12,170
	Total Cash and Money Market Funds			302,645
	Federal National Mortgage Assn	Government Security Matures: 6-27-14, interest at 1.125%	100,467	100,574
	U.S. Treasury Note	Government Security Matures: 5-15-20, interest at 3.500%	84,060	91,007
	U.S. Treasury Note	Government Security Matures: 6-15-14, interest at 0.750%	81,078	81,826
	U.S. Treasury Note	Government Security Matures: 6-30-17, interest at 2.500%	40,948	44,480
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	CVS Caremark Corporation	Corporate Bond Matures: 5-15-21, interest at 4.125%	8,469	8,626
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	World Omni Auto Asset Backed	Corporate Bond Matures: 5-15-15, interest at 2.210%	8,272	8,471
	Honda Auto Recv 2011-1	Corporate Bond Matures: 6-15-13, interest at 0.650%	8,267	8,267
	Nissan Auto Recv 2010-A	Corporate Bond Matures: 7-15-14, interest at 0.870%	8,271	8,258
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	HCP Inc.	Corporate Bond Matures: 2-15-21, interest at 5.375%	6,627	6,646
	Honda Auto Recv 2010-3	Corporate Bond Matures: 12-21-16, interest at 0.940%	6,602	6,634
	MBNA MCt Card Tr 1997-B Asset Bkd	Corporate Bond Matures: 8-15-14, interest at 0.390%	6,591	6,615
	Honda Auto Recv 2011-2	Corporate Bond Matures: 3-18-15, interest at 0.940%	6,613	6,613
	Valero Energy Corp New	Corporate Bond Matures: 3-15-19, interest at 9.375%	5,903	6,382
	Jeffries Group Inc New	Corporate Bond Matures: 4-13-18, interest at 5.125%	6,595	6,240
	Starbucks Corp	Corporate Bond Matures: 8-15-17, interest at 6.250%	5,757	5,907
	Enterprise Prods Oper LLC	Corporate Bond Matures: 1-31-19, interest at 6.500%	5,471	5,813
	Sempra Energy	Corporate Bond Matures: 6-01-16, interest at 6.500%	5,516	5,792
	Arcelormittal SA Luxembourg	Corporate Bond Matures: 6-01-19, interest at 9.850%	6,377	5,658
	Dow Chemical Company Notes	Corporate Bond Matures: 5-15-14, interest at 7.600%	5,770	5,646
	Kroger Co	Corporate Bond Matures: 1-15-14, interest at 7.500%	5,763	5,607
	Wachovia Corp	Corporate Bond Matures: 6-15-17, interest at 5.750%	5,284	5,587
	Boardwalk Pipelines LP	Corporate Bond Matures: 11-15-16, interest at 5.875%	5,644	5,560
	UnitedHealth Group	Corporate Bond Matures: 2-15-21, interest at 4.700%	4,973	5,483
	Wyeth	Corporate Bond Matures: 2-01-14, interest at 5.500%	5,514	5,476
	Arcelormittal SA Luxembourg	Corporate Bond Matures: 2-15-15, interest at 9.000%	5,931	5,457
	Nordstrom Inc.	Corporate Bond Matures: 5-01-20, interest at 4.750%	5,360	5,432
	Conagra Foods	Corporate Bond Matures: 4-15-14, interest at 5.875%	5,466	5,430

GCX CORPORATION
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SCHEDULE H, LINE 4i:
SCHEDULE OF ASSETS HELD AT END OF YEAR
September 30, 2011

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Barrick Gold Financeco	Corporate Bond Matures: 9-15-13, interest at 6.125%	5,522	5,423
	AMB Pppty LP	Corporate Bond Matures: 6-30-18, interest at 7.500%	5,505	5,379
	Shell International	Corporate Bond Matures: 3-21-14, interest at 4.000%	5,355	5,353
	HJ Heinz Co.	Corporate Bond Matures: 7-15-13, interest at 5.350%	5,494	5,334
	Boeing Corp.	Corporate Bond Matures: 2-15-15, interest at 3.500%	5,365	5,332
	LB-UBS CMBS 2006-C7	Corporate Bond Matures: 11-15-38, interest at 5.347%	5,386	5,289
	Dominion Res Inc	Corporate Bond Matures: 3-15-13, interest at 5.000%	5,333	5,236
	United Health Group	Corporate Bond Matures: 4-01-13, interest at 4.875%	5,349	5,230
	Columbus Southern Pwr Co	Corporate Bond Matures: 3-01-13, interest at 5.500%	5,309	5,224
	Goldman Sachs Group Inc	Corporate Bond Matures: 10-01-16, interest at 5.750%	5,249	5,213
	Alabama Power Co.	Corporate Bond Matures: 12-15-12, interest at 4.850%	5,409	5,193
	Vale Overseas Ltd	Corporate Bond Matures: 9-15-19, interest at 5.625%	5,192	5,166
	Peco Energy	Corporate Bond Matures: 10-01-12, interest at 4.750%	5,316	5,155
	Vornado Rlty LP	Corporate Bond Matures: 4-01-15, interest at 4.250%	4,848	5,117
	Chrysler Financial Asset Backed	Corporate Bond Matures: 1-15-16, interest at 2.820%	5,176	5,094
	Boeing Cap Corp.	Corporate Bond Matures: 2-15-12, interest at 6.500%	5,478	5,063
	Deere John Cap Corp Mtns	Corporate Bond Matures: 6-17-13, interest at 1.875%	5,081	5,050
	Target Corp.	Corporate Bond Matures: 7-18-14, interest at 1.125%	4,994	5,005
	Caterpillar Finl Svcs Mtns Be	Corporate Bond Matures: 5-20-14, interest at 1.375%	5,010	4,989
	Dow Chemical Company	Corporate Bond Matures: 11-15-20, interest at 4.250%	5,153	4,965

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	Mercedes Benz Auto Ser 2011-1 Cl A3	Corporate Bond Matures: 3-15-14, interest at 0.850%	4,960	4,963
	First Horizon National Corp	Corporate Bond Matures: 12-15-15, interest at 5.375%	5,230	4,878
	Alcoa Inc	Corporate Bond Matures: 4-15-21, interest at 5.400%	4,984	4,726
	Hyundai Auto Asset Backed	Corporate Bond Matures: 8-15-13, interest at 2.030%	3,905	3,899
	WMC Fin USA Ltd.	Corporate Bond Matures: 5-15-13, interest at 5.125%	3,566	3,531
	USAA Auto Owner Asset Backed	Corporate Bond Matures: 10-15-12, interest at 1.540%	3,018	3,024
	Capital Auto Rev Asset Backed	Corporate Bond Matures: 10-15-12, interest at 4.680%	632	602
	Total Corporate Bonds			499,811
	GT ERISA Fund, LTD CL B-1 (Global Hedge)	Hedge Fund	529,085	517,745
	GT ERISA Fund, LTD CL A-1(Partners)	Hedge Fund	281,077	271,033
	Fortress Partners Offshore,LP Series 2007	Hedge Fund	165,339	172,125
	Hatteras Multi-Strategy TEI Fund, LP	Hedge Fund	82,672	88,079
	Total Hedge Funds			1,048,982
	Templeton Global Bond Adv	Mutual Fund	388,548	370,738
	GMO International Equity Alloc III	Mutual Fund	276,171	318,572
	IVA International I	Mutual Fund	167,823	204,396
	Aston/River Road Dividend All Cap Val I	Mutual Fund	208,328	187,658
	FPA Crescent	Mutual Fund	138,885	172,282
	T. Rowe Price Instl Large Cap Core	Mutual Fund	179,988	170,937
	Dodge & Cox Stock Fund	Mutual Fund	181,269	158,057
	Jensen Portfolio I	Mutual Fund	144,345	151,520
	Eaton Vance Structured Emerging Markets Fu	Mutual Fund	152,112	127,519
	SPDR Gold Trust	Mutual Fund	33,088	122,409
	Vanguard FTSE All-World ex-US Index	Mutual Fund	135,578	121,367
	PIMCO Total Return Institutional	Mutual Fund	120,697	118,364
	Eaton Vance Tax-Managed Emg Mkts 1	Mutual Fund	74,257	92,683
	Loomis Sayles Bond	Mutual Fund	82,566	84,724
	Ivy Global Natural Resources Y	Mutual Fund	144,159	81,360
	Longleaf Partners Small Cap	Mutual Fund	30,998	60,695
	PIMCO CommodityRealRet Strat Institutional	Mutual Fund	19,841	16,002
	Total Mutual Funds			2,559,283

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September 30, 2011

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Third Avenue Real Estate Value Fund	Private Equity	169,977	145,034
	Prana Income Fund Ten, LLC	Private Equity	29,692	29,692
	Prana Income Fund Eight	Private Equity	1,517	1,517
	Total Private Equity			176,243
*	GCX Corporation	Plan Sponsor Stock	N/A	7,212,437
*	Notes Receivable From Participants	Interest ranging from 5.25% to 10.25%		42,104
	Total Assets Held at End of Year			$ 12,299,476

* *Party in interest*