Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

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; include room or suite number (employer, if for a single-employer plan)

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.	07/12/2014	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [ ] Same as Plan Sponsor Name [X] Same as Plan Sponsor Address

GCX CORPORATION ESOP ADMINISTRATIVE COMMITTEE

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**	215
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**	214
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	9
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	224
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	224
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	83
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 Characteristics 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 Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **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.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

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 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)

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
18	NONE	2827	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	52	0

(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.
ALLIANZ FUNDS 33-0457728	RATE OF 0.02% OF AVERAGE DAILY BALANCE OF ASSET(S)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	52	0

(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.
ASTON 20-4747475	RATE OF 0.08% OF AVERAGE DAILY BALANCE OF ASSET(S)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	52	0

(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.
EATON VANCE 04-2718215	RATE OF 0.07% OF AVERAGE DAILY BALANCE OF ASSET(S)

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
CHARLES SCHAB & CO., INC.	52	0

(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.
FPA 04-3118452	RATE OF 0.06% OF AVERAGE DAILY BALANCE OF ASSET(S)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHAB & CO., INC.	52	0

(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.
HARBOR 04-2679462	RATE OF 0.06% OF AVERAGE DAILY BALANCE OF ASSET(S)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHAB & CO., INC.	52	0

(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.
IVA FUNDS 41-2253838	RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)

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
CHARLES SCHWAB & CO., INC.	52	0

(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.
SCHWAB FUNDS 94-3106735	RATE OF 0.25% OF AVERAGE DAILY BALANCE OF ASSET(S)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	52	0

(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.
THIRD AVENUE 01-0690900	RATE OF 0.47% OF AVERAGE DAILY BALANCE OF ASSET(S)

(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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

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	5505	119510
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	8268	12775
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	661663	208811
(2) U.S. Government securities	1c(2)	366641	480364
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	748488	731088
(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)	268389	239623
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	11368	3050
(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)	5071134	6833831
(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)	6631445	6602116
	(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	13772901	15231168
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	109	9
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	109	9
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	13772792	15231159

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)	367	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		367
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	1175200	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	220217	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1395417
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	147199	
	(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)		147199
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	201591	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		201591

		(a) Amount	(b) Total
(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		1744574
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	283245	
(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)		283245
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)	2827	
(4) Other	2i(4)	135	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2962
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		286207
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1458367
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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
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	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
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)

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

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 (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial Statements and
Independent Auditor's Report of

GCX CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN

September 30, 2013 and 2012

GCX CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN

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

INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements
We have audited the accompanying financial statements of GCX Corporation Employee Stock Ownership Plan, which comprise the statements of net assets available for benefits as of September 30, 2013 and 2012, and the related statements of change in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on 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 involves performing procedures to obtain evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of GCX Corporation Employee Stock Ownership Plan as of September 30, 2013 and 2012, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

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

Emphasis of Matter
As explained in Note 2, the Plan is an Employee Stock Ownership Plan and invests in common stock of the Plan Sponsor valued at $6,602,116 and $6,631,445 as of September 30, 2013 and 2012, 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.

Report on Supplemental Information
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year and reportable transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974. Such information 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 information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Campbell Taylor & Company
An Accountancy Corporation

Roseville, California
July 9, 2014

GCX CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
September 30, 2013 and 2012

	2013	2012
ASSETS:		
Investments, at fair value, non-participant directed		
Investments	$ 8,284,906	$ 6,454,651
GCX Corporation common stock	6,602,116	6,631,445
Interest bearing cash	208,811	661,663
Total investments	15,095,833	13,747,759
Non-interest bearing cash	119,510	5,505
Receivables:		
Notes receivable from participants	3,050	11,369
Other receivables	12,775	8,268
Total receivables	15,825	19,637
Total assets	15,231,168	13,772,901
LIABILITIES:		
Other liabilities	9	109
Net assets available for benefits	$ 15,231,159	$ 13,772,792

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 BENEFITS
For the Years Ended September 30, 2013 and 2012

	2013	2012
ADDITIONS TO NET ASSETS:		
Investment income		
Net appreciation (depreciation) in fair value of investments	$ 352,909	$ (81,494)
Dividends	1,391,298	1,697,752
Total investment income	1,744,207	1,616,258
Interest income, participant notes receivable	367	1,889
Total additions	1,744,574	1,618,147
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants	283,245	135,272
Administrative expenses	2,962	18,430
Total deductions	286,207	153,702
Increase in net assets	1,458,367	1,464,445
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	13,772,792	12,308,347
End of year	$ 15,231,159	$ 13,772,792

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, 2013 and 2012.

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. Investments are non-participant directed.

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. Investments earnings and losses are allocated to each participant's account based on the value of each individual's account to the value of all participant accounts.

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.

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)**

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 secured by the balance in the participants' account.

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.

Administrative Expenses
The Plan may pay certain investment manager, administration and professional fees if not paid by the Plan Sponsor. Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Expenses related to specific participant transactions are charged to the respective participant's account. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

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.

Administration of Plan Assets
The Plan's assets are held in trust by the Trustees of the Plan. Company contributions are held and managed by the Trustees, who invest cash received, interest, and dividend income and makes distributions to participants. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

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

Basis of Accounting
The financial statements of the Plan are prepared on the accrual method of accounting and generally accepted accounting principles of the United States (U.S. GAAP).

Investment Valuation and Income Recognition
Plan investments, except participant loans, at September 30, 2013 and 2012 were held by Charles Schwab & Co., Inc., 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 marketable securities are stated at fair market value using quoted market prices when available. Non-interest bearing cash is 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. Net appreciation (depreciation) includes gains and losses on investments bought and sold as well as held during the year.

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

The value of the investment in the common stock of the Company is determined by the Trustees based on an annual independent appraisal. The appraised value per share was $51,100 and $51,327 as of September 30, 2013 and 2012, respectively. The Plan holds Company stock valued at $6,602,116 and $6,631,445 at September 30, 2013 and 2012, 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.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of September 30, 2013 and 2012. If a participant ceases to make loan payments and the plan administrator deems the participant to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Income Taxes

The Plan obtained a favorable determination letter on March 12, 2013, 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. 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, 2013 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 2010.

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, 2013 investments included Company stock and a mutual fund that represented 5% or more of net assets available for benefits as follows:

Investment	2013
GCX Corporation Common Stock	$6,602,116
Vanguard Total Stock Mkt Idx Signal	$1,035,082

At September 30, 2012 investments included Company stock that represented 5% or more of net assets available for benefits as follows:

Investment	2012
GCX Corporation Common Stock	$6,631,445

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, 2013 and 2012:

	2013	2012
Non-participant directed:		
Realized gain on sale of investments	$ 147,199	$ 64,166
Net unrealized appreciation (depreciation) in fair value as determined by quoted market prices	148,288	327,569
Net unrealized appreciation (depreciation) in fair value of Company stock - 129.2 shares for the years ended 2013 and 2012	(29,329)	(580,992)
Net unrealized appreciation in estimated fair value determined using level 2 and 3 inputs	86,751	107,763
Net unrealized appreciation (depreciation) in fair value of investments	205,710	(145,660)
Net appreciation (depreciation) in fair value of investments	$ 352,909	$ (81,494)

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, 2013 and 2012.

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

Level 1 Fair Value Measurements: The fair value of mutual funds and money market 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. Money market funds are valued at daily closing price reported by the Fund.

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 by the trustees 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, 2013 and 2012:

	Assets at Fair Value as of September 30, 2013			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Domestic Equity	$ 2,014,600	$ -	$ -	$ 2,014,600
International Equity	1,529,992	-	-	1,529,992
Fixed Income	934,210	-	-	934,210
Commodities	802,190	-	-	802,190
Emerging Markets	564,580	-	-	564,580
Total Mutual Funds	5,845,572	-	-	5,845,572
Money Market Funds	208,811	-	-	208,811
Treasury Notes	480,364	-	-	480,364
Corporate Bonds	731,088	-	-	731,088
Hedge Funds	-	988,259	-	988,259
Company Stock	-	-	6,602,116	6,602,116
Private Equity	-	-	239,623	239,623
	$ 7,265,835	$ 988,259	$ 6,841,739	$ 15,095,833

	Assets at Fair Value as of September 30, 2012			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Domestic Equity	$ 1,382,036	$ -	$ -	$ 1,382,036
International Equity	1,089,770	-	-	1,089,770
Fixed Income	820,268	-	-	820,268
Commodities	208,863	-	-	208,863
Emerging Markets	411,733	-	-	411,733
Total Mutual Funds	3,912,670	-	-	3,912,670
Money Market Funds	661,663	-	-	661,663
Treasury Notes	366,641	-	-	366,641
Corporate Bonds	748,488	-	-	748,488
Hedge Funds	-	1,158,463	-	1,158,463
Company Stock	-	-	6,631,445	6,631,445
Private Equity	-	-	268,389	268,389
	$ 5,689,462	$ 1,158,463	$ 6,899,834	$ 13,747,759

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, 2013:

	Company Stock	Private Equity
Beginning balance, September 30, 2012	$ 6,631,445	$ 268,389
Total gains (losses) (realized and unrealized) included in change in net assets available for plan benefits	(29,329)	23,833
Exchanges	-	(18,506)
Sales	-	(34,093)
Ending balance, September 30, 2013	$ 6,602,116	$ 239,623

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 benefits.

NOTE 7: **PARTY-IN-INTEREST TRANSACTIONS**

Fees paid by the Plan for recordkeeping and professional services are included in administrative expenses. Indirect compensation for investment management services are included in net appreciation (depreciation) in fair value of investments. Such transactions are permitted under the provisions of the Plan and are exempt from prohibition of party-in-interest transactions under ERISA. Administrative expenses paid to parties-in-interest for the years ended September 30, 2013 and 2012 are as follows:

	2013	2012
Asset management	$ 2,827	$ 9,845
Third party administration	135	3,612
Broker fees	-	3,899
Legal	-	408
Other	-	666
	$ 2,962	$ 18,430

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, 2014, the date the financial statements were available to be issued, and management has determined that no subsequent events have occurred that should be disclosed.

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, 2013

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Schwab U.S. Treasury Money Fund	Money Market Fund		$ 84,435
	Bank of Marin Money Market Fund	Money Market Fund		124,376
	Cash in transit (pending purchase)	Cash		102,282
	Bank of Marin Checking Account	Cash		17,228
	Total Cash and Money Market Funds			328,321
	U.S. Treasury Note	Government Security, 3.125%, 5-15-21	130,823	131,215
	U.S. Treasury Note	Government Security, 1.000%, 3-31-17	108,685	107,917
	U.S. Treasury Note	Government Security, 0.250%, 8-31-14	88,668	88,755
	U.S. Treasury Note	Government Security, 4.750%, 2-15-37	53,888	50,901
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	U.S. Treasury Note	Government Security, 1.625%, 8-15-22	38,484	38,132
	U.S. Treasury Note	Government Security, 5.250%, 2-15-29	12,992	12,789
	Total Government Securities			480,364
	Federal Home Loan Mortgage	Corporate Bond, 1.000%, 3-8-17	32,236	32,435
	Federal National Mortgage Assn	Corporate Bond, 1.625%, 10-26-15	28,123	27,963
	Federal Home Loan Mortgage	Corporate Bond, 1.000%, 8-27-14	20,776	20,610
	Tampa Elec Co	Corporate Bond, 6.100%, 5-15-18	19,148	18,226
	Berkshire Hathaway Fin Corp	Corporate Bond, 5.400%, 5-15-18	18,443	17,701
	Ace Ina Hldg Inc	Corporate Bond, 5.875%, 6-15-14	18,216	17,648
	Campbell Soup Co.	Corporate Bond, 3.375%, 8-15-14	17,828	17,476
	Aflac Inc	Corporate Bond, 8.500%, 5-15-19	15,259	15,448
	Capital One Finl Corp	Corporate Bond, 7.375%, 5-23-14	12,987	12,441
	Metlife Inc	Corporate Bond, 5.500%, 6-15-14	12,577	12,347
	U S Bancorp Mtns Bk Ent	Corporate Bond, 4.200%, 5-15-14	12,535	12,219
	Chubb Corp	Corporate Bond, 5.750%, 5-15-18	12,619	11,963
	Bear Stearns Cos Inc	Corporate Bond, 6.400%, 10-2-17	11,719	11,934
	Bank New York Mtn Bk Ent	Corporate Bond, 5.450%, 5-15-19	12,392	11,803
	Citigroup Inc	Corporate Bond, 6.125%, 11-21-17	12,222	11,764
	Wells Fargo & Co	Corporate Bond, 5.625%, 12-11-17	11,616	11,753
	Prudential Financial Inc	Corporate Bond, 6.100%, 6-15-17	11,645	11,675
	Blackrock Inc.	Corporate Bond, 5.000%, 12-10-19	12,250	11,619
	Walt Disney Co Mtns	Corporate Bond, 5.625%, 9-15-16	11,877	11,607
	BP Cap Mkts PLC	Corporate Bond, 4.500%, 10-1-20	11,800	11,074
	Lincoln National Corp.	Corporate Bond, 8.750%, 7-1-19	11,554	11,011
	General Electric Cap Corp Mtn Be	Corporate Bond, 4.375%, 9-16-20	9,981	10,912
	Amgen Inc	Corporate Bond, 2.500%, 11-15-16	10,775	10,606
	Bank of America Fdg Corp	Corporate Bond, 7.625%, 6-1-19	9,728	10,440

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, 2013

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Vodafone Group Plc New	Corporate Bond, 5.000%, 12-16-13	11,111	10,325
	Metlife Inc	Corporate Bond, 6.817%, 8-15-18	9,516	10,319
	DuPont E I De Nemours & Co	Corporate Bond, 6.000%, 7-15-18	10,553	10,108
	General Mills Inc	Corporate Bond, 5.650%, 2-15-19	9,772	9,908
	Goldman Sachs Group Inc Mtn Be	Corporate Bond, 5.375%, 3-15-20	8,885	9,386
	St Paul Travelers Inc	Corporate Bond, 5.500%, 12-1-15	9,578	9,378
	BB&T Corporation	Corporate Bond, 3.950%, 4-29-16	8,518	9,136
	Verizon Communications Inc	Corporate Bond, 8.750%, 11-1-18	9,208	8,755
	Archer Daniels Midland Co	Corporate Bond, 7.500%, 3-15-27	8,659	8,744
	FedEx Corp	Corporate Bond, 8.000%, 1-15-19	9,037	8,593
	CME Group Inc	Corporate Bond, 3.000%, 9-15-22	8,621	8,090
	Comcast Corp New	Corporate Bond, 6.300%, 11-15-17	8,226	8,032
	Eog Res Inc	Corporate Bond, 5.625%, 6-1-19	8,373	7,943
	Hartford Financial Services Group Inc	Corporate Bond, 6.000%, 1-15-19	8,043	7,845
	Equitable Cos Inc	Corporate Bond, 7.000%, 4-1-28	8,325	7,677
	General Elec Cap Corp Mtn Be	Corporate Bond, 5.400%, 2-15-17	7,048	7,671
	Markel Corp	Corporate Bond, 5.350%, 6-1-21	7,712	7,382
	Deere & Co	Corporate Bond, 8.100%, 5-15-30	7,678	7,183
	US Bancorp Mtns Bk Ent	Corporate Bond, 3.150%, 3-4-15	6,823	7,074
	Progressive Corp Ohio	Corporate Bond, 3.750%, 8-23-21	7,477	7,053
	United Parcel Svc Amer Inc	Corporate Bond, 8.375%, 4-1-30	7,920	6,907
	Pepsi Bottling Group Inc	Corporate Bond, 7.000%, 3-1-29	7,281	6,515
	Conoco Inc	Corporate Bond, 6.950%, 4-15-29	7,078	6,469
	Becton Dickinson & Co	Corporate Bond, 7.000%, 8-1-27	6,938	6,394
	Caterpillar Inc. Del	Corporate Bond, 6.625%, 7-15-28	6,801	6,391
	Lilly Eli & Co	Corporate Bond, 5.500%, 3-15-27	6,412	5,946
	Wachovia Corp	Corporate Bond, 5.750%, 6-15-17	5,449	5,869
	Sempra Energy	Corporate Bond, 6.500%, 6-1-16	5,687	5,809
	Goldman Sachs Group Inc	Corporate Bond, 5.750%, 10-1-16	5,412	5,718
	Morgan Stanley	Corporate Bond, 5.750%, 1-25-21	5,950	5,693
	Keycorp Medium Term Nts Be	Corporate Bond, 5.100%, 3-24-21	5,972	5,623
	Bellsouth Telecom Inc	Corporate Bond, 6.375%, 6-1-28	6,102	5,548
	Pfizer Inc	Corporate Bond, 5.350%, 3-15-15	5,831	5,465
	Royal Bank of Canada Bd Cds	Corporate Bond, 2.875%, 4-19-16	5,403	5,361
	Toyota Motor Crd Corp Mtn Be	Corporate Bond, 3.200%, 6-17-15	5,468	5,341
	Georgia Power Co	Corporate Bond, 3.000%, 4-15-16	5,430	5,338
	Boeing Corp.	Corporate Bond, 3.500%, 2-15-15	5,532	5,325
	Virginia Elec & Pwr Co	Corporate Bond, 8.875%, 11-15-38	5,820	5,312
	Conagra Foods	Corporate Bond, 5.875%, 4-15-14	5,635	5,259

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, 2013

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Shell International	Corporate Bond, 4.000%, 3-21-14	5,522	5,202
	Caterpillar Finl Svcs Mtns Be	Corporate Bond, 1.375%, 5-20-14	5,166	5,149
	Target Corp	Corporate Bond, 1.125%, 7-18-14	5,149	5,149
	Pepsico Inc	Corporate Bond, 0.750%, 3-5-15	5,148	5,134
	Deere John Cap Corp Mtns	Corporate Bond, 0.700%, 9-4-15	5,116	5,126
	Thermo Fisher Scientific Inc	Corporate Bond, 3.600%, 8-15-21	5,402	5,041
	Apache Corp	Corporate Bond, 3.250%, 4-15-22	5,349	5,005
	Norfolk Southern Corp	Corporate Bond, 7.800%, 5-15-27	4,789	4,438
	Eaton Corp	Corporate Bond, 7.650%, 11-15-29	4,693	4,417
	Kellogg Co	Corporate Bond, 7.450%, 4-1-31	4,501	4,365
	Procter & Gamble Co.	Corporate Bond, 6.450%, 1-15-26	4,593	4,351
	Dover Corp	Corporate Bond, 6.600%, 3-15-38	4,344	4,297
	Sysco Corp	Corporate Bond, 6.500%, 8-1-28	4,573	4,237
	Halliburton Co	Corporate Bond, 6.700%, 9-15-38	4,717	4,206
	Wal Mart Stores Inc.	Corporate Bond, 6.500%, 8-15-37	4,716	4,203
	Wisconsin Pwr & Lt Co	Corporate Bond, 6.375%, 8-15-37	4,617	4,160
	Parker-Hannifin Corp Mtns Be	Corporate Bond, 6.250%, 5-15-38	4,596	4,078
	Florida Power & Light Co	Corporate Bond, 5.950%, 2-1-38	4,456	4,039
	Time Warner Cos Inc	Corporate Bond, 6.625%, 5-15-29	4,223	3,907
	Burlington Northern Sana Fe Corp	Corporate Bond, 6.150%, 5-1-37	4,096	3,896
	Equity Residential	Corporate Bond, 5.125%, 3-15-16	3,720	3,731
	Lockheed Martin Corp	Corporate Bond, 4.850%, 9-15-41	3,375	3,397
	Total Corporate Bonds			731,088
	GT ERISA Fund, LTD CL B-l (Global Hedge)	Hedge Fund	545,505	618,575
	GT ERISA Fund, LTD CL A-1(Partners)	Hedge Fund	289,799	320,843
	Fortress Partners Offshore, LP Series 2007	Hedge Fund	47,850	48,841
	Total Hedge Funds			988,259
	Vanguard Total Stock Mkt Idx Signal	Mutual Fund	1,039,868	1,035,082
	Harbor International	Mutual Fund	460,270	576,741
	Vanguard FTSE All-World ex-US Index	Mutual Fund	463,679	518,246
	PIMCO Total Return Institutional	Mutual Fund	525,048	506,436
	Parametric Emerging Markets Fund	Mutual Fund	444,898	451,412
	IVA International I	Mutual Fund	353,729	435,005
	DoubleLine Total Return Bond I	Mutual Fund	443,223	428,880
	FPA Crescent	Mutual Fund	286,390	384,987
	Templeton Global Bond Adv	Mutual Fund	364,074	363,931
	Aston/River Road Dividend All Cap Val I	Mutual Fund	291,504	348,614

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, 2013

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Longleaf Partners Small Cap	Mutual Fund	173,450	245,917
	Eagle MLP Strategy I	Mutual Fund	187,517	193,404
	PIMCO CommodityRealRet Strat Institutional	Mutual Fund	173,880	141,399
	Parametric Tax-Managed Emg Mkts Fund Inst	Mutual Fund	76,561	113,168
	SPDR Gold Trust	Mutual Fund	34,115	102,350
	Total Mutual Funds			5,845,572
	Third Avenue Real Estate Value Fund	Private Equity	158,869	215,757
	Prana Income Fund Ten, LLC	Private Equity	23,866	23,866
	Total Private Equity			239,623
*	GCX Corporation	Plan Sponsor Stock	N/A	6,602,116
*	Notes Receivable From Participants	Interest ranging from 5.25% to 10.25%	-	3,050
	Total Assets Held at End of Year			$ 15,218,393

* *Party in interest*

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

SCHEDULE H, LINE 4j:
SCHEDULE OF REPORTABLE TRANSACTIONS
September 30, 2013

(a)	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred	(g) Cost of Asset	(h) Current Value on Date of Transaction	(i) Net Gain
	Vanguard Total Stock Mkt Idx Signal	$ 1,039,901	$ -	$ -	$ -	$ 1,039,901	$ 1,039,901	$ -
	Vanguard 500 Index Signal	$ -	$ 1,045,786	$ -	$ -	$ 809,759	$ 1,045,786	$ 236,027

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
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; include room or suite number (employer, if for a single-employer plan)
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	[signature]	07/07/2014	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☒ Same as Plan Sponsor Address GCX Corporation ESOP Administrative Committee	**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**	215
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**	214
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	9
d Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	224
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	224
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	83
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 Characteristics 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 Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☐ Insurance	(1)	☐ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	(2)	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	(3)	☒ 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)	☒ **R** (Retirement Plan Information)	(1)	☒	**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)	☒	**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 4j:
SCHEDULE OF REPORTABLE TRANSACTIONS
September 30, 2013

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	Vanguard Total Stock Mkt Idx Signal	$ 1,039,901	$ -	$ -	$ -	$ 1,039,901	$ 1,039,901	$ -
	Vanguard 500 Index Signal	$ -	$ 1,045,786	$ -	$ -	$ 809,759	$ 1,045,786	$ 236,027

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, 2013

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	Federal National Mortgage Assn	Corporate Bond, 1.625%, 10-26-15	28,123	27,963
	Federal Home Loan Mortgage	Corporate Bond, 1.000%, 8-27-14	20,776	20,610
	Tampa Elec Co	Corporate Bond, 6.100%, 5-15-18	19,148	18,226
	Berkshire Hathaway Fin Corp	Corporate Bond, 5.400%, 5-15-18	18,443	17,701
	Ace Ina Hldg Inc	Corporate Bond, 5.875%, 6-15-14	18,216	17,648
	Campbell Soup Co.	Corporate Bond, 3.375%, 8-15-14	17,828	17,476
	Aflac Inc	Corporate Bond, 8.500%, 5-15-19	15,259	15,448
	Capital One Finl Corp	Corporate Bond, 7.375%, 5-23-14	12,987	12,441
	Metlife Inc	Corporate Bond, 5.500%, 6-15-14	12,577	12,347
	U S Bancorp Mtns Bk Ent	Corporate Bond, 4.200%, 5-15-14	12,535	12,219
	Chubb Corp	Corporate Bond, 5.750%, 5-15-18	12,619	11,963
	Bear Stearns Cos Inc	Corporate Bond, 6.400%, 10-2-17	11,719	11,934
	Bank New York Mtn Bk Ent	Corporate Bond, 5.450%, 5-15-19	12,392	11,803
	Citigroup Inc	Corporate Bond, 6.125%, 11-21-17	12,222	11,764
	Wells Fargo & Co	Corporate Bond, 5.625%, 12-11-17	11,616	11,753
	Prudential Financial Inc	Corporate Bond, 6.100%, 6-15-17	11,645	11,675
	Blackrock Inc.	Corporate Bond, 5.000%, 12-10-19	12,250	11,619
	Walt Disney Co Mtns	Corporate Bond, 5.625%, 9-15-16	11,877	11,607
	BP Cap Mkts PLC	Corporate Bond, 4.500%, 10-1-20	11,800	11,074
	Lincoln National Corp.	Corporate Bond, 8.750%, 7-1-19	11,554	11,011
	General Electric Cap Corp Mtn Be	Corporate Bond, 4.375%, 9-16-20	9,981	10,912
	Amgen Inc	Corporate Bond, 2.500%, 11-15-16	10,775	10,606
	Bank of America Fdg Corp	Corporate Bond, 7.625%, 6-1-19	9,728	10,440

GCX CORPORATION
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SCHEDULE H, LINE 4i:
SCHEDULE OF ASSETS HELD AT END OF YEAR
September 30, 2013

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Vodafone Group Plc New	Corporate Bond, 5.000%, 12-16-13	11,111	10,325
	Metlife Inc	Corporate Bond, 6.817%, 8-15-18	9,516	10,319
	DuPont E I De Nemours & Co	Corporate Bond, 6.000%, 7-15-18	10,553	10,108
	General Mills Inc	Corporate Bond, 5.650%, 2-15-19	9,772	9,908
	Goldman Sachs Group Inc Mtn Be	Corporate Bond, 5.375%, 3-15-20	8,885	9,386
	St Paul Travelers Inc	Corporate Bond, 5.500%, 12-1-15	9,578	9,378
	BB&T Corporation	Corporate Bond, 3.950%, 4-29-16	8,518	9,136
	Verizon Communications Inc	Corporate Bond, 8.750%, 11-1-18	9,208	8,755
	Archer Daniels Midland Co	Corporate Bond, 7.500%, 3-15-27	8,659	8,744
	FedEx Corp	Corporate Bond, 8.000%, 1-15-19	9,037	8,593
	CME Group Inc	Corporate Bond, 3.000%, 9-15-22	8,621	8,090
	Comcast Corp New	Corporate Bond, 6.300%, 11-15-17	8,226	8,032
	Eog Res Inc	Corporate Bond, 5.625%, 6-1-19	8,373	7,943
	Hartford Financial Services Group Inc	Corporate Bond, 6.000%, 1-15-19	8,043	7,845
	Equitable Cos Inc	Corporate Bond, 7.000%, 4-1-28	8,325	7,677
	General Elec Cap Corp Mtn Be	Corporate Bond, 5.400%, 2-15-17	7,048	7,671
	Markel Corp	Corporate Bond, 5.350%, 6-1-21	7,712	7,382
	Deere & Co	Corporate Bond, 8.100%, 5-15-30	7,678	7,183
	US Bancorp Mtns Bk Ent	Corporate Bond, 3.150%, 3-4-15	6,823	7,074
	Progressive Corp Ohio	Corporate Bond, 3.750%, 8-23-21	7,477	7,053
	United Parcel Svc Amer Inc	Corporate Bond, 8.375%, 4-1-30	7,920	6,907
	Pepsi Bottling Group Inc	Corporate Bond, 7.000%, 3-1-29	7,281	6,515
	Conoco Inc	Corporate Bond, 6.950%, 4-15-29	7,078	6,469
	Becton Dickinson & Co	Corporate Bond, 7.000%, 8-1-27	6,938	6,394
	Caterpillar Inc. Del	Corporate Bond, 6.625%, 7-15-28	6,801	6,391
	Lilly Eli & Co	Corporate Bond, 5.500%, 3-15-27	6,412	5,946
	Wachovia Corp	Corporate Bond, 5.750%, 6-15-17	5,449	5,869
	Sempra Energy	Corporate Bond, 6.500%, 6-1-16	5,687	5,809
	Goldman Sachs Group Inc	Corporate Bond, 5.750%, 10-1-16	5,412	5,718
	Morgan Stanley	Corporate Bond, 5.750%, 1-25-21	5,950	5,693
	Keycorp Medium Term Nts Be	Corporate Bond, 5.100%, 3-24-21	5,972	5,623
	Bellsouth Telecom Inc	Corporate Bond, 6.375%, 6-1-28	6,102	5,548
	Pfizer Inc	Corporate Bond, 5.350%, 3-15-15	5,831	5,465
	Royal Bank of Canada Bd Cds	Corporate Bond, 2.875%, 4-19-16	5,403	5,361
	Toyota Motor Crd Corp Mtn Be	Corporate Bond, 3.200%, 6-17-15	5,468	5,341
	Georgia Power Co	Corporate Bond, 3.000%, 4-15-16	5,430	5,338
	Boeing Corp.	Corporate Bond, 3.500%, 2-15-15	5,532	5,325
	Virginia Elec & Pwr Co	Corporate Bond, 8.875%, 11-15-38	5,820	5,312
	Conagra Foods	Corporate Bond, 5.875%, 4-15-14	5,635	5,259

GCX CORPORATION
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SCHEDULE H, LINE 4i:
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September 30, 2013

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Shell International	Corporate Bond, 4.000%, 3-21-14	5,522	5,202
	Caterpillar Finl Svcs Mtns Be	Corporate Bond, 1.375%, 5-20-14	5,166	5,149
	Target Corp	Corporate Bond, 1.125%, 7-18-14	5,149	5,149
	Pepsico Inc	Corporate Bond, 0.750%, 3-5-15	5,148	5,134
	Deere John Cap Corp Mtns	Corporate Bond, 0.700%, 9-4-15	5,116	5,126
	Thermo Fisher Scientific Inc	Corporate Bond, 3.600%, 8-15-21	5,402	5,041
	Apache Corp	Corporate Bond, 3.250%, 4-15-22	5,349	5,005
	Norfolk Southern Corp	Corporate Bond, 7.800%, 5-15-27	4,789	4,438
	Eaton Corp	Corporate Bond, 7.650%, 11-15-29	4,693	4,417
	Kellogg Co	Corporate Bond, 7.450%, 4-1-31	4,501	4,365
	Procter & Gamble Co.	Corporate Bond, 6.450%, 1-15-26	4,593	4,351
	Dover Corp	Corporate Bond, 6.600%, 3-15-38	4,344	4,297
	Sysco Corp	Corporate Bond, 6.500%, 8-1-28	4,573	4,237
	Halliburton Co	Corporate Bond, 6.700%, 9-15-38	4,717	4,206
	Wal Mart Stores Inc.	Corporate Bond, 6.500%, 8-15-37	4,716	4,203
	Wisconsin Pwr & Lt Co	Corporate Bond, 6.375%, 8-15-37	4,617	4,160
	Parker-Hannifin Corp Mtns Be	Corporate Bond, 6.250%, 5-15-38	4,596	4,078
	Florida Power & Light Co	Corporate Bond, 5.950%, 2-1-38	4,456	4,039
	Time Warner Cos Inc	Corporate Bond, 6.625%, 5-15-29	4,223	3,907
	Burlington Northern Sana Fe Corp	Corporate Bond, 6.150%, 5-1-37	4,096	3,896
	Equity Residential	Corporate Bond, 5.125%, 3-15-16	3,720	3,731
	Lockheed Martin Corp	Corporate Bond, 4.850%, 9-15-41	3,375	3,397
	Total Corporate Bonds			731,088
	GT ERISA Fund, LTD CL B-l (Global Hedge)	Hedge Fund	545,505	618,575
	GT ERISA Fund, LTD CL A-1(Partners)	Hedge Fund	289,799	320,843
	Fortress Partners Offshore, LP Series 2007	Hedge Fund	47,850	48,841
	Total Hedge Funds			988,259
	Vanguard Total Stock Mkt Idx Signal	Mutual Fund	1,039,868	1,035,082
	Harbor International	Mutual Fund	460,270	576,741
	Vanguard FTSE All-World ex-US Index	Mutual Fund	463,679	518,246
	PIMCO Total Return Institutional	Mutual Fund	525,048	506,436
	Parametric Emerging Markets Fund	Mutual Fund	444,898	451,412
	IVA International I	Mutual Fund	353,729	435,005
	DoubleLine Total Return Bond I	Mutual Fund	443,223	428,880
	FPA Crescent	Mutual Fund	286,390	384,987
	Templeton Global Bond Adv	Mutual Fund	364,074	363,931
	Aston/River Road Dividend All Cap Val I	Mutual Fund	291,504	348,614

GCX CORPORATION
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SCHEDULE H, LINE 4i:
SCHEDULE OF ASSETS HELD AT END OF YEAR
September 30, 2013

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Longleaf Partners Small Cap	Mutual Fund	173,450	245,917
	Eagle MLP Strategy I	Mutual Fund	187,517	193,404
	PIMCO CommodityRealRet Strat Institutional	Mutual Fund	173,880	141,399
	Parametric Tax-Managed Emg Mkts Fund Inst	Mutual Fund	76,561	113,168
	SPDR Gold Trust	Mutual Fund	34,115	102,350
	Total Mutual Funds			5,845,572
	Third Avenue Real Estate Value Fund	Private Equity	158,869	215,757
	Prana Income Fund Ten, LLC	Private Equity	23,866	23,866
	Total Private Equity			239,623
*	GCX Corporation	Plan Sponsor Stock	N/A	6,602,116
*	Notes Receivable From Participants	Interest ranging from 5.25% to 10.25%	-	3,050
	Total Assets Held at End of Year			$ 15,218,393

* *Party in interest*