

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>GCX CORPORATION SAVINGS PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>003</u>
1c	Effective date of plan <u>10/01/2001</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GCX CORPORATION</u> <u>3875 CYPRESS DRIVE</u> <u>PETALUMA, CA 94954-5635</u>
2b	Employer Identification Number (EIN) <u>94-1738443</u>
2c	Plan Sponsor's telephone number <u>707-773-1100</u>
2d	Business code (see instructions) <u>339110</u>

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.	10/11/2022	MICHAEL PICCHI
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address ☐ Same as Plan Sponsor GCX CORPORATION SAVINGS PLAN ADMINISTRATIVE COMMITTEE 3875 CYPRESS DRIVE PETALUMA, CA 94954-5635	3b Administrator's EIN 94-2346042 3c Administrator's telephone number 707-773-1100
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 318
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 267 6a(2) 238 6b 2 6c 64 6d 304 6e 0 6f 304 6g 304 6h 4
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 2J 2K 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) ☒ 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) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan GCX CORPORATION SAVINGS PLAN	B Three-digit plan number (PN) ▶	003
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
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

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

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

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

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

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

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

RICHMOND CAPITAL MANAGEMENT, INC.

54-1288566

(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?
27	INVESTMENT ADVISOR	20738	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARLSON QUINN

94-3410526

(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	RECORDKEEPER	7555	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2021 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan GCX CORPORATION SAVINGS PLAN	B Three-digit plan number (PN) ►	003
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	1588735	125016
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	248884	30763
(2) Participant contributions.....	1b(2)	25	50
(3) Other	1b(3)	55623	50200
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	408268	1099866
(2) U.S. Government securities	1c(2)	2778616	2845020
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	4152859	3853263
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	355933	445935
(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)	56087519	65878843
(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)	
(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	65676462 74328956
Liabilities			
g	Benefit claims payable	1g	76083 9303
h	Operating payables	1h	875 1750
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	76958 11053
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	65599504 74317903

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	2010763
	(B) Participants	2a(1)(B)	1578349
	(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)	3589112
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)	23349
	(F) Other	2b(1)(F)	4951
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	28300
(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)	1135847
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1135847
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	115375
	(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)	115375
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	7086097
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	7086097

		(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		11954731
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3207580	
(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)		3207580
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)	20738	
(4) Other.....	2i(4)	8014	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		28752
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3236332
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		8718399
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CAMPBELL TAYLOR WASHBURN

(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:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	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?		X	
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?		X	
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?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>GCX CORPORATION SAVINGS PLAN</u>	B Three-digit plan number (PN) ► <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GCX CORPORATION</u>	D Employer Identification Number (EIN) <u>94-1738443</u>

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	<u>0</u>
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): <u>94-2346039</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

*Financial Statements and
Independent Auditor's Report of*

**GCX CORPORATION
SAVINGS PLAN**

December 31, 2021 and December 31, 2020



Campbell Taylor Washburn
Certified Public Accountants & Consultants

GCX CORPORATION
SAVINGS PLAN

CONTENTS

	<u>Page</u>
INDEPENDENT AUDITOR'S REPORT	1 & 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 10
SUPPLEMENTAL INFORMATION	
Schedule H, Line 4i - Schedule of Assets Held at End of Year	11 – 14
Schedule H, Line 4j – Schedule of Reportable Transactions	15



INDEPENDENT AUDITOR'S REPORT

To the Plan Committee
GCX Corporation Savings Plan
Petaluma, California

Opinion

We have audited the financial statements of GCX Corporation Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and December 31, 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and December 31, 2020, and the change in net assets available for benefits for the year ended December 31, 2021 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

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, as of and for the year ending December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of 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 audits 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 GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Campbell Taylor Washburn

An Accountancy Corporation

Roseville, California

October 10, 2022

GCX CORPORATION
SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2021 and December 31, 2020

	<u>2021</u>	<u>2020</u>
ASSETS:		
Investments, at fair value	\$ 73,676,992	\$ 63,427,262
Non-interest bearing cash	125,016	1,588,735
Receivables:		
Employer contributions receivable	30,763	248,884
Employee contributions receivable	50	25
Other receivables	50,200	55,623
Notes receivable from participants	<u>445,935</u>	<u>355,933</u>
Total receivables	<u>526,948</u>	<u>660,465</u>
Total assets	74,328,956	65,676,462
LIABILITIES:		
Other liabilities	<u>11,053</u>	<u>76,958</u>
Total liabilities	<u>11,053</u>	<u>76,958</u>
Net assets available for benefits	<u>\$ 74,317,903</u>	<u>\$ 65,599,504</u>

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

GCX CORPORATION
SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2021

ADDITIONS TO NET ASSETS:

Investment income:

Net appreciation in fair value of investments	\$ 7,201,472
Interest and dividends	<u>1,135,847</u>
Total investment income	<u>8,337,319</u>

Interest income, notes receivable from participants	28,300
---	--------

Contributions:

Employer contributions	2,010,763
Employee contributions	<u>1,578,349</u>
Total contributions	<u>3,589,112</u>

Total additions	<u>11,954,731</u>
-----------------	-------------------

DEDUCTIONS FROM NET ASSETS:

Benefits paid to participants	3,207,580
Administrative expenses	<u>28,752</u>
Total deductions	<u>3,236,332</u>

Increase in net assets	8,718,399
------------------------	-----------

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>65,599,504</u>
End of year	<u>\$ 74,317,903</u>

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

GCX CORPORATION SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS December 31, 2021 and December 31, 2020

NOTE 1: DESCRIPTION OF PLAN

The following description of GCX Corporation Savings 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 on October 1, 2001 to provide benefits for employees of GCX Corporation (the “Plan Sponsor”) and the employees’ beneficiaries. The Plan is a qualified defined contribution plan covering all employees of the Plan Sponsor, other than certain union employees and nonresident aliens, upon completion of one year of service with a minimum of 1,000 service hours worked during the Plan year. Certain leased employees from an outside agency are also eligible to participate following completion of a year of service, with a minimum of 1,000 hours worked. 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.

In October 2020, the Plan was amended to change the plan year end to December 31st.

In December 2021, the Plan was amended to remove the allocation groups for discretionary employer profit sharing contributions and revise the calculation for profit sharing contributions beginning January 1, 2022 to be allocated based on participants’ compensation.

Plan Year

Effective October 1, 2020, the Plan year begins January 1st and ends December 31st. Previously, the Plan year began on October 1st and ended September 30th.

Contributions

The Plan allows for the following types of contributions:

- **Employee Salary Deferral Contributions**
The Plan includes an elective salary deferral arrangement pursuant to Section 401(k) of the Code. Employees may voluntarily contribute a portion of their compensation, up to 100%, subject to various nondiscrimination tests and limitations prescribed by the Code. Participants are allowed to make Roth contributions to the Plan.
- **Non-Elective Safe Harbor Profit Sharing Contributions**
The Plan Sponsor shall make a non-elective safe harbor profit sharing contribution on behalf of each eligible employee equal to 3% of eligible compensation. The Plan Sponsor made a non-elective safe harbor profit sharing contribution of \$561,396 for the year ended December 31, 2021.
- **Discretionary Employer Matching Contributions**
The Plan Sponsor may make a matching contribution equal to a percentage of the participants’ salary deferral contributions. In order to receive a matching contribution a participant must be credited with 1,000 hours of service during the Plan year and be employed by the Plan Sponsor on the last day of the Plan year. The Plan Sponsor elected to make a discretionary matching contribution of \$1,461,363 for the year ended December 31, 2021.

NOTE 1: DESCRIPTION OF PLAN (Continued)

Contributions (Continued)

- **Discretionary Employer Profit Sharing Contributions**
The Plan Sponsor may make a profit sharing contribution to the Plan. Such contribution shall be determined by the Plan Sponsor and allocated amongst employee classes at the Plan Sponsor's discretion. Effective December 1, 2021, there is only one allocation class for profit sharing contributions. In order to receive a discretionary profit sharing contribution a participant must be credited with 1,000 hours of service during the Plan year and be employed by the Plan Sponsor on the last day of the Plan year. The Plan Sponsor did not elect to make a discretionary profit sharing contribution for the year ended December 31, 2021.
- **Rollover Contributions**
Employees may make rollover contributions from another qualified plan.

Participant Accounts and Allocations

Each participant's account is credited with the participant's contributions, employer matching contributions, as well as allocations of profit sharing contributions. Investment 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. The benefit to which a participant is entitled is limited to the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their salary deferral contributions and the non-elective employer contributions. Participants vest in discretionary employer contributions and gains/losses credited thereon over a five-year period as follows:

Less than 1 year credited service	0%
After 1 year credited service	20%
After 2 years credited service	40%
After 3 years credited service	60%
After 4 years credited service	80%
After 5 years credited service	100%

For vesting purposes, a year of service is equivalent to 1,000 hours of service during the Plan year.

Forfeitures

Forfeited non-vested accounts are first used to restore the accounts of eligible participants and then to reduce employer contributions. Forfeitures of \$11,996 were used to reduce 2021 employer contributions. At December 31, 2021 and 2020, there were \$11,996 and \$0 in forfeited amounts available in the Plan, respectively.

Retirement

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

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) termination of the Plan, or 4) death or disability of the participant. Participants who have attained age 59 ½ or experienced a disability may apply for in-service distributions via written request to the Plan Committee. The form of benefit payments is a single lump sum. The Plan allows for the automatic lump sum distributions of participant account balances that do not exceed \$1,000.

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 not 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.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investment Valuation and Income Recognition

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. 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 includes gains and losses on investments bought and sold as well as held during the year.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal 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 December 31, 2021. If a participant ceases to make loan payments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when a request for benefit payment has been approved.

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 in fair value of investments.

Income Taxes

The Plan obtained a favorable determination letter on October 16, 2014, 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 December 31, 2021 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.

Estimates and Assumptions

The preparation of financial statements, in conformity with U.S. GAAP, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of income and expenses during the reporting period. Actual results could differ from those estimates.

Concentration of Credit Risk

The Plan maintains cash in financial institutions which, at times, exceed federally insured limits. The Plan has not experienced any losses in such accounts and the Plan Sponsor 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 Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

NOTE 4: 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 methodologies used at December 31, 2021 and December 31, 2020.

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. Money market funds are valued at daily closing price reported by the custodian.

Net Asset Value (NAV) as Practical Expedient: The Plan's investments include several hedge funds that calculate fair value using NAV as a practical expedient; these investments are not leveled within the hierarchy.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021:

	Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 58,853,023	\$ -	\$ -	\$ 58,853,023
Money Market Funds	1,099,866	-	-	1,099,866
Government Securities	2,845,020	-	-	2,845,020
Corporate Bonds	3,853,263	-	-	3,853,263
	<u>66,651,172</u>	<u>-</u>	<u>-</u>	<u>66,651,172</u>
Investments measured at net asset value	<u>-</u>	<u>-</u>	<u>-</u>	<u>7,025,820</u>
Total assets at fair value	<u>\$ 66,651,172</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 73,676,992</u>

NOTE 4: FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020:

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 49,800,748	\$ -	\$ -	\$ 49,800,748
Money Market Funds	408,268	-	-	408,268
Government Securities	2,778,616	-	-	2,778,616
Corporate Bonds	4,152,859	-	-	4,152,859
	<u>57,140,491</u>	<u>-</u>	<u>-</u>	<u>57,140,491</u>
Investments measured at net asset value	-	-	-	6,286,771
Total assets at fair value	<u>\$ 57,140,491</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 63,427,262</u>

The following tables summarize investments for which fair value is measured using the net asset value per unit practical expedient as of December 31, 2021 and 2020:

December 31, 2021	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Hedge - GT ERISA Funds	\$ 4,670,150	\$ -	Annual; 12/31	90 days
Hedge - ITE Rail 2018 Fund	1,206,344	-	Annual; 12/31	90 days
Private Equity - HighBrook Property	607,736	133,090	Illiquid	Illiquid
Private Equity - Headlands Capital	164,141	26,937	Illiquid	Illiquid
Private Equity - Palladian Partners IX	377,449	170,000	Illiquid	Illiquid
	<u>\$ 7,025,820</u>	<u>\$ 330,027</u>		

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Hedge - GT ERISA Funds	\$ 4,493,010	\$ -	Annual; 12/31	90 days
Hedge - ITE Rail 2018 Fund	1,026,614	-	Annual; 12/31	90 days
Private Equity - HighBrook Property	371,380	135,299	Illiquid	Illiquid
Private Equity - Headlands Capital	140,681	46,589	Illiquid	Illiquid
Private Equity - Palladian Partners IX	255,086	275,000	Illiquid	Illiquid
	<u>\$ 6,286,771</u>	<u>\$ 456,888</u>		

The GT ERISA Funds and the ITE Rail 2018 Fund seek to achieve long-term appreciation through investments in hedged equity strategies on a global basis as well as privately held companies. The investments offer annual redemptions with 90 days' notice. HighBrook Property, Headlands Capital, and Palladian Partners IX all acquire private investment fund interests from existing investors through the secondary market. The investments cannot be redeemed unless sold on the secondary market. Scheduled liquidity dates are 2025, 2026, and 2030, respectively. However, the fund managers have the ability to request three one-year extensions for Headlands Capital, and Palladian Partners IX, and two one year extensions for HighBrook Property.

NOTE 5: 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 statements of net assets available for benefits.

NOTE 6: RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Plan investments include money market funds which are managed by the custodians and notes receivable from participants. 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 in fair value of investments. These investments and 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 year ended December 31, 2021 are as follows:

Broker fees	\$	20,738
Third party administration		8,014
	\$	<u>28,752</u>

NOTE 7: SUBSEQUENT EVENTS

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 10, 2022, 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 below.

The Plan was amended effective August 1, 2022 to revise entry dates into the plan, allow participants to be eligible to make salary deferral contributions immediately upon their employment commencement date, remove the 1,000 hours of service requirement to receive employer contributions, and revise eligibility for purposes of profit sharing contributions, nonelective contributions, and matching contributions to the earlier of completing 6 consecutive months of active employment or completing one year of service.

SUPPLEMENTAL INFORMATION

GCX CORPORATION SAVINGS PLAN
EIN: 94-1738443 / PLAN: 003
SCHEDULE H, LINE 4i:
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2021

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	Bank of Marin	Non-Interest Bearing Cash	\$ 125,016	\$ 125,016
*	Bank of Marin Money Market Account	Money Market	928,218	928,218
*	Schwab Govt Money Fund	Money Market	15,959	15,959
*	Bank Sweep for Benefit Plans	Money Market	155,689	155,689
	Total Cash and Money Market Funds		<u>1,224,882</u>	<u>1,224,882</u>
	U.S. Treasury Note	U.S. Treasury Note 2.250% Due 02-15-2027	620,411	665,063
	U.S. Treasury Note	U.S. Treasury Note 1.250% Due 05-31-2028	564,777	559,438
	U.S. Treasury Note	U.S. Treasury Note 1.625% Due 05-15-2031	356,761	359,327
	U.S. Treasury Note	U.S. Treasury Note 2.00% Due 02-15-2050	354,384	350,229
	U.S. Treasury Note	U.S. Treasury Note 4.375% Due 05-15-2040	289,699	293,311
	U.S. Treasury Note	U.S. Treasury Note 1.750% Due 12-31-2026	226,160	225,122
	U.S. Treasury Note	U.S. Treasury Note 2.500% Due 02-15-2022	205,644	205,544
	U.S. Treasury Note	U.S. Treasury Note 2.125% Due 06-30-2022	126,279	126,152
	U.S. Treasury Note	U.S. Treasury Note 1.750% Due 01-31-2023	60,895	60,834
	Total Government Securities		<u>2,805,010</u>	<u>2,845,020</u>
	BB&T Corporation	Corporate Bond, 2.75% Due 04-01-2022	125,164	125,467
	Bank of America C Var	Corporate Bond, 3.559% Due 04-23-2027	119,033	117,451
	Toronto-Dominion Bank	Corporate Bond, 2.65% Due 06-12-2024	97,683	98,489
	Morgan Stanley	Corporate Bond, 3.75% Due 02-25-2023	86,447	87,832
	Chevron Corp	Corporate Bond, 1.554% Due 05-11-2025	80,090	80,578
	Citigroup Inc	Corporate Bond, 4.500% Due 01-14-2022	65,036	65,032
	The Goldman Sachs Group, Inc.	Corporate Bond, 3.850% Due to 01-26-2027	66,138	64,405
	American Express Co.	Corporate Bond, 3% Due 10-30-2024	61,333	62,834
	The Walt Disney Co.	Corporate Bond, 7.625% Due 11-30-2028	60,262	61,023
	CME Group Inc	Corporate Bond, 3% Due Due 09-15-22	60,134	60,980
	Wells Fargo & Co	Corporate Bond, 2.625% Due 07-22-2022	59,482	60,720
	JPMorgan Chase & Co.	Corporate Bond, 3.875% Due 02-01-2024	55,820	58,197
	Stryker Corporation	Corporate Bond, 3.375% Due 05-15-2024	55,652	57,892
	JP Morgan Chase & Co	Corporate Bond, 3.509% Due 01-23-2029	54,516	53,624
	Blackrock Inc.	Corporate Bond, 3.5% Due 03-18-24	50,831	52,749
	Franklin Resources Inc.	Corporate Bond, 2.85% Due 03-30-2025	49,102	52,292
	Public Service Electric and Gas Company	Corporate Bond, 3.050% Due 11-15-2024	49,397	52,096
	General Dynamics Corp	Corporate Bond, 2.25% Due 11-15-22	50,148	50,511
	Goldman Sachs Group Inc	Corporate Bond, 5.75% Due 01-24-22	50,091	50,147
	Metlife Inc	Corporate Bond, 3.000% Due 03-01-2025	44,215	47,330
	AvalonBay Communities	Corporate Bond, 2.850% Due 03-15-23	44,600	45,946
	Duke Energy Carolinas LLC	Corporate Bond, 2.8% Due 05-15-2022	44,996	45,111
	Equitable Cos Inc	Corporate Bond, 7% Due 04-01-28	41,202	44,445
	EOG Resources, Inc.	Corporate Bond, 5.100% Due 01-15-2036	43,282	42,983
	Norfolk Southern Corporation	Corporate Bond, 3.85% Due 01-15-2024	40,263	41,878
	Pepsico Inc.	Corporate Bond, 7% Due 03-01-2029	38,481	40,761
*	The Charles Schwab Corporation	Corporate Bond, 4.000% Due 02-01-2029	35,456	39,162

GCX CORPORATION SAVINGS PLAN

EIN: 94-1738443 / PLAN: 003

SCHEDULE H, LINE 4i:

SCHEDULE OF ASSETS HELD AT END OF YEAR (CONTINUED)

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	John Deere Capital Corporation	Corporate Bond, 3.450% Due 03-13-2025	35,051	37,341
	Consolidated Edison Company of New York, Inc.	Corporate Bond, 3.3% Due 12-01-2024	35,343	36,605
	IBM Corp.	Corporate Bond, 7.00% Due 10-30-2025	35,100	36,203
	United Parcel Svc	Corporate Bond, 2.5% Due 04-01-2023	34,867	35,707
	Verizon Communications	Corporate Bond, 4.4% Due 11-01-2034	32,872	34,916
	Bristol-Myers Squibb Company	Corporate Bond, 5.875% Due 11-15-2036	31,153	34,435
	Altria Group Inc.	Corporate Bond, 4.8% Due 02-14-2029	35,096	33,866
	DowDuPont Inc.	Corporate Bond, 4.493%, Due 11-15-2025	30,306	33,061
	Lincoln National Corporation	Corporate Bond, 3.625% Due 12-12-2026	29,127	32,397
	Markel Corporation	Corporate Bond, 3.35% Due 09-17-2029	32,919	32,328
	Pfizer Inc.	Corporate Bond, 7.200% Due to 03-15-2039	32,366	32,148
	Apple Inc.	Corporate Bond, 2.9% Due 09-12-2027	31,399	31,958
	Capital One Financial Corporation	Corporate Bond, 3.750% Due 04-24-2024	29,608	31,609
	New Jersey St.	Corporate Bond, 7.102% Due 01-01-2041	26,234	31,378
	Illinois Tool Works Inc.	Corporate Bond, 3.5% Due 03-01-2024	30,620	31,366
	Apple Inc	Corporate Bond, 2.4% Due 05-03-2023	29,877	30,685
	Oracle Corp	Corporate Bond, 2.4% Due 09-15-2023	30,033	30,589
	American Express Co.	Corporate Bond, 2.65% Due 12-02-2022	29,928	30,564
	AvalonBay Communities	Corporate Bond, 2.30% Due 03-01-2030	29,669	30,442
	Wells Fargo Bank	Corporate Bond, 3.5% Due 03-08-2022	30,095	30,173
	The Kroger Co.	Corporate Bond, 6.900% Due 04-15-2038	28,324	29,033
	Prudential Financial Inc.	Corporate Bond, 6.625% Due 12-01-2037	29,091	28,973
	Prologis, Inc.	Corporate Bond, 4.375% Due 02-01-2029	27,267	28,662
	Burlington Northern Santa Fe Corp	Corporate Bond, 6.15% Due 05-01-2037	26,003	28,339
	Morgan Stanley	Corporate Bond, 1.794% Due 02-13-2032	29,272	28,290
	Cisco Systems Inc.	Corporate Bond, 5.5% Due 01-15-2040	29,257	27,811
	Eaton Corp	Corporate Bond, 7.65% Due 11-15-29	24,784	27,382
	Honeywell Intl Inc	Corporate Bond, 5.7% Due 03-15-37	23,586	27,355
	Cintas Corp	Corporate Bond, 3.7% Due 04-01-2027	24,932	27,342
	The Travelers Company	Corporate Bond, 5.350% Due 11-01-2040	27,568	27,066
	The Home Depot, Inc.	Corporate Bond, 3.3% Due 04-15-2040	26,862	26,954
	Shell International Finance BV	Corporate Bond, 3.25% Due 05-11-25	24,523	26,577
	Alabama Power Co.	Corporate Bond, 5.5% Due 03-15-41	22,750	26,045
	Virginia Elec & Pwr Co	Corporate Bond, 3.45% Due 02-15-2024	26,337	26,022
	Progressive Corporation	Corporate Bond, 6.625% Due 03-01-2029	23,348	25,884
	PNC Financial Services	Corporate Bond, 2.550% Due 01-22-2030	25,000	25,664
	Archer Daniels Midland Co	Corporate Bond, 7.5% Due 03-15-27	22,494	25,514
	Bestfoods, Inc	Corporate Bond, 6.625% Due 04-15-28	23,330	25,402
	Anheuser Busch Inbev Fin Inc	Corporate Bond, 4.9% Due 02-01-46	20,143	25,223
	McDonald's Corp	Corporate Bond, 1.450% Due 09-01-2025	25,016	25,193
	Citigroup Inc.	Corporate Bond, 2.75% Due 04-25-2022	25,068	25,128
	Berkshire Hathaway Inc.	Corporate Bond, 4.25% Due 01-15-2049	22,328	24,510
	Visa Inc.	Corporate Bond, 4.150% Due 12-14-2035	20,663	23,911

GCX CORPORATION SAVINGS PLAN

EIN: 94-1738443 / PLAN: 003

SCHEDULE H, LINE 4i:

SCHEDULE OF ASSETS HELD AT END OF YEAR (CONTINUED)

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Caterpillar Inc	Corporate Bond, 3.803% Due 08-15-2042	19,983	23,426
	Union Pacific Corp	Corporate Bond, 4.15% Due 01-15-45	20,576	23,385
	Duke Energy Progress	Corporate Bond, 4.1% Due 03-15-2043	20,994	23,117
	Broadcom Inc	Corporate Bond, 4.750% Due 04-15-2029	23,172	22,741
	Deere & Co	Corporate Bond, 8.1% Due 05-15-30	19,277	21,641
	Kimberly-Clark Co	Corporate Bond, 3.100% Due 03-26-2030	20,718	21,546
	Chevron Corp	Corporate Bond, 3.326% Due 11-17-2025	21,091	21,366
	ERP Operating Ltd Partnership	Corporate Bond, 3% Due 07-01-2029	20,530	21,183
	Tosco Corp	Corporate Bond, 8.125% Due 02-15-30	18,976	21,095
	Capital One Financial Corporation	Corporate Bond, 3.300% Due 10-30-2024	20,331	21,051
	United Parcel Svc Amer Inc.	Corporate Bond, 7.620% Due 04-01-2030	19,535	20,758
	United Technologies Corp	Corporate Bond, 5.7% Due 04-15-40	18,656	20,721
	The Proctor & Gamble Company	Corporate Bond, 5.80% Due 08-15-2034	18,410	20,680
	Morgan Stanley	Corporate Bond, 1.593% Due 05-04-2027	20,186	19,768
	Becton Dickinson & Co	Corporate Bond, 7% Due 08-01-27	17,404	18,865
	AT&T Inc	Corporate Bond, 6.625% Due 05-15-2029	17,767	18,829
	Citigroup Inc	Corporate Bond, 6.625% Due 01-15-2028	17,284	18,784
	Enterprise Products Operating LLC	Corporate Bond, 5.100% Due 02-15-45	13,235	18,638
	Virginia Elec & Pwr Co	Corporate Bond, 8.875% Due 11-15-38	15,433	17,612
	Mastercard Inc.	Corporate Bond, 3.800% Due 11-21-2046	18,124	17,607
	Consolidated Edison, Inc.	Corporate Bond, 3.950% Due 04-01-2050	15,251	17,081
	T-Mobile US, Inc.	Corporate Bond, 4.375% Due to 04-15-2040	17,026	17,011
	Comcast Corp.	Corporate Bond, 4.150% Due 10-15-2028	14,825	16,997
	AT&T Inc	Corporate Bond, 4.250% Due 03-01-2027	15,221	16,633
	Exxon Mobil Corp	Corporate Bond, 3.567% Due 03-06-2045	16,690	16,383
	Goldman Sachs	Corporate Bond, 3.814% Due 4-23-2029	17,042	16,313
	Westlake Chemical	Corporate Bond, 3.600% Due to 08-15-2026	16,120	16,095
	AT&T Inc	Corporate Bond, 3.400% Due 05-15-2025	14,791	15,856
	Citigroup Inc.	Corporate Bond, 3.352% Due 04-24-2025	15,471	15,666
	Lincoln National Co.	Corporate Bond, 7.000% Due 06-15-2040	15,271	15,192
	Kimberly-Clark	Corporate Bond, 6.625% Due 08-01-2037	14,224	15,129
	Mondelez International	Corporate Bond, 1.500% Due 05-04-2025	15,019	15,013
	ConocoPhillips	Corporate Bond, 6.5% Due 02-01-2039	12,831	14,492
	Comcast Corp	Corporate Bond, 6.5% Due 11-15-2035	11,993	14,307
	Kellogg Co.	Corporate Bond, 7.45% Due 04-01-2031	11,980	14,070
	Wisconsin Pwr & Lt Co	Corporate Bond, 6.375% Due 08-15-2037	12,633	14,041
	Florida Power & Light Co	Corporate Bond, 5.95% Due 02-01-2038	12,296	13,909
	Metlife Inc	Corporate Bond, 6.500% Due 12-15-2032	12,690	13,899
	Dover Corp	Corporate Bond, 6.6% Due 03-15-2038	12,133	13,862
	Spectra Energy Partners LP	Corporate Bond, 5.950% Due 09-25-2043	11,748	13,826
	Parker-Hannifin Corp	Corporate Bond, 6.25% Due 05-15-2038	12,627	13,816
	Phillips	Corporate Bond, 5.875% Due 05-01-2042	11,495	13,712
	Amgen Inc	Corporate Bond, 5.65% Due 06-15-2042	10,770	13,550
	CSX Corp.	Corporate Bond, 5.5% Due 04-15-2041	11,879	13,386

GCX CORPORATION SAVINGS PLAN

EIN: 94-1738443 / PLAN: 003

SCHEDULE H, LINE 4i:

SCHEDULE OF ASSETS HELD AT END OF YEAR (CONTINUED)

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Norfolk Southern Corp	Corporate Bond, 7.8% Due 05-15-2027	11,793	12,935
	Lockheed Martin Corp	Corporate Bond, 4.85% Due 09-15-2041	9,902	12,785
	Archer Daniels Midland Co	Corporate Bond, 6.750% Due 12-15-2027	12,166	12,720
	Westlake Chemical Corp.	Corporate Bond, 5.000% Due to 08-15-2046	12,680	12,565
	Qualcomm Inc.	Corporate Bond, 4.300% Due 05-20-2047	12,281	12,432
	Williams Partners L.P.	Corporate Bond, 4.850% Due to 03-01-2048	12,365	12,103
	Apple Inc	Corporate Bond, 3.85% Due 05-04-2043	9,290	11,764
	Lowe's Companies, Inc.	Corporate Bond, 4.050% Due 05-03-2047	11,915	11,556
	Archer Daniels Midland Co	Corporate Bond, 3.25% Due 3-27-2030	10,841	10,836
*	The Charles Schwab Corporation	Corporate Bond, 3.250% Due 05-22-2029	10,550	10,784
	Citigroup Inc	Corporate Bond, 3.668% Due 07-04-2028	11,055	10,776
	Applachian Power	Corporate Bond, 6.700% Due 08-15-2037	6,975	6,925
	McKesson Corp New	Corporate Bond, 4.883% Due 03-15-2044	5,508	6,172
	Sysco Corp.	Corporate Bond, 4.450% Due 03-15-2048	6,093	5,872
	Total Corporate Bonds		<u>3,695,585</u>	<u>3,853,263</u>
	GT ERISA Fund, LTD CL B-1 (Global Hedge)	Hedge Fund	3,414,540	3,414,540
	GT ERISA Fund, LTD CL A-1 (Partners)	Hedge Fund	1,255,610	1,255,610
	ITE Rail 2018 Fund LP	Hedge Fund	1,206,344	1,206,344
	Palladian Partners IX, LP	Private Equity Fund	607,736	607,736
	HighBrook Property Fund III, LP	Private Equity Fund	377,449	377,449
	Headlands Capital Secondary Fund II, LP	Private Equity Fund	164,141	164,141
	Total Hedge Funds and Private Equity Funds		<u>7,025,820</u>	<u>7,025,820</u>
	Vanguard Total Stock Mkt Idx Adm Shs	Mutual Fund	15,504,838	29,022,627
	Vanguard FTSE All-World ex-US Index	Mutual Fund	9,142,325	12,090,689
	Vanguard Ultra-Short-Term Bond Fund Adm	Mutual Fund	3,745,988	3,731,110
	DWS RPEEF Real Assets Fund I	Mutual Fund	2,310,611	3,026,224
	DoubleLine Total Return Bond I	Mutual Fund	2,707,331	2,649,100
	Fiera Capital International Equity	Mutual Fund	1,523,140	2,452,651
	AMG TimesSquare International SmallCap	Mutual Fund	1,758,941	2,384,773
	Baillie Gifford Emerging Markets K	Mutual Fund	1,125,707	1,568,479
	Kanye Anderson Renewable Infrastructure Fund I	Mutual Fund	1,398,493	1,430,389
	SPDR Gold Shares	Mutual Fund	260,439	496,981
	Total Mutual Funds		<u>39,477,813</u>	<u>58,853,023</u>
*	Participant Loans	Interest at 5.25 - 7.50%	-	445,935
	Total Assets Held at End of Year		<u>\$ 54,229,110</u>	<u>\$ 74,247,943</u>

* *Party in interest*

GCX CORPORATION SAVINGS PLAN
EIN: 94-1738443 / PLAN: 003
SCHEDULE H, LINE 4j:
SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2021

(a)	(b) Description of Asset	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		Purchase Price	Selling Price	Lease Rental	Expenses Incurred	Cost of Asset	Current Value on Date of Transaction	Net Gain or Loss
	PIMCO Short Asset Investment Inst	\$ -	\$ 3,789,983	\$ -	\$ -	\$ 3,797,204	\$ 3,789,983	\$ (7,221)
	Vanguard Ultra-Short-Term Bond Fund Adm	\$ 3,745,988	\$ -	\$ -	\$ -	\$ 3,745,988	\$ 3,745,988	\$ -



Campbell Taylor Washburn
Certified Public Accountants & Consultants

The Path Forward

campbelltaylorwashburn.com • 916.929.3680

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
---	---	---

Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II Basic Plan Information—enter all requested information					
1a Name of plan GCX CORPORATION SAVINGS PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">003</td> </tr> <tr> <td colspan="2">1c Effective date of plan 10/01/2001</td> </tr> </table>	1b Three-digit plan number (PN) ▶	003	1c Effective date of plan 10/01/2001	
1b Three-digit plan number (PN) ▶	003				
1c Effective date of plan 10/01/2001					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, and ZIP or foreign postal code (if foreign, see instructions) GCX CORPORATION 3875 CYPRESS DRIVE PETALUMA CA 94954-5635	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 94-1738443</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 707-773-1100</td> </tr> <tr> <td>2d Business code (see instructions) 339110</td> </tr> </table>	2b Employer Identification Number (EIN) 94-1738443	2c Plan Sponsor's telephone number 707-773-1100	2d Business code (see instructions) 339110	
2b Employer Identification Number (EIN) 94-1738443					
2c Plan Sponsor's telephone number 707-773-1100					
2d Business code (see instructions) 339110					

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		10/11/22	Michael Picchi
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 201209

3a Plan administrator's name and address ☐ Same as Plan Sponsor GCX Corporation Savings Plan Administrative Committee 3875 CYPRESS DRIVE PETALUMA CA 94954-5635	3b Administrator's EIN 94-2346042 3c Administrator's telephone number 707-773-1100
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 318
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 267
a(2) Total number of active participants at the end of the plan year	6a(2) 238
b Retired or separated participants receiving benefits.....	6b 2
c Other retired or separated participants entitled to future benefits	6c 64
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 304
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e.....	6f 304
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 304
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 4
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 2J 2K 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) ☒ 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) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

GCX CORPORATION SAVINGS PLAN**EIN: 94-1738443 / PLAN: 003**

SCHEDULE H, LINE 4j:
SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2021

(a)	(b) Description of Asset	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		Purchase Price	Selling Price	Lease Rental	Expenses Incurred	Cost of Asset	Current Value on Date of Transaction	Net Gain or Loss
	PIMCO Short Asset Investment Inst	\$ -	\$ 3,789,983	\$ -	\$ -	\$ 3,797,204	\$ 3,789,983	\$ (7,221)
	Vanguard Ultra-Short-Term Bond Fund Adn	\$ 3,745,988	\$ -	\$ -	\$ -	\$ 3,745,988	\$ 3,745,988	\$ -

GCX CORPORATION SAVINGS PLAN
EIN: 94-1738443 / PLAN: 003
SCHEDULE H, LINE 4i:
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2021

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	Bank of Marin	Non-Interest Bearing Cash	\$ 125,016	\$ 125,016
*	Bank of Marin Money Market Account	Money Market	928,218	928,218
*	Schwab Govt Money Fund	Money Market	15,959	15,959
*	Bank Sweep for Benefit Plans	Money Market	155,689	155,689
	Total Cash and Money Market Funds		<u>1,224,882</u>	<u>1,224,882</u>
	U.S. Treasury Note	U.S. Treasury Note 2.250% Due 02-15-2027	620,411	665,063
	U.S. Treasury Note	U.S. Treasury Note 1.250% Due 05-31-2028	564,777	559,438
	U.S. Treasury Note	U.S. Treasury Note 1.625% Due 05-15-2031	356,761	359,327
	U.S. Treasury Note	U.S. Treasury Note 2.00% Due 02-15-2050	354,384	350,229
	U.S. Treasury Note	U.S. Treasury Note 4.375% Due 05-15-2040	289,699	293,311
	U.S. Treasury Note	U.S. Treasury Note 1.750% Due 12-31-2026	226,160	225,122
	U.S. Treasury Note	U.S. Treasury Note 2.500% Due 02-15-2022	205,644	205,544
	U.S. Treasury Note	U.S. Treasury Note 2.125% Due 06-30-2022	126,279	126,152
	U.S. Treasury Note	U.S. Treasury Note 1.750% Due 01-31-2023	60,895	60,834
	Total Government Securities		<u>2,805,010</u>	<u>2,845,020</u>
	BB&T Corporation	Corporate Bond, 2.75% Due 04-01-2022	125,164	125,467
	Bank of America C Var	Corporate Bond, 3.559% Due 04-23-2027	119,033	117,451
	Toronto-Dominion Bank	Corporate Bond, 2.65% Due 06-12-2024	97,683	98,489
	Morgan Stanley	Corporate Bond, 3.75% Due 02-25-2023	86,447	87,832
	Chevron Corp	Corporate Bond, 1.554% Due 05-11-2025	80,090	80,578
	Citigroup Inc	Corporate Bond, 4.500% Due 01-14-2022	65,036	65,032
	The Goldman Sachs Group, Inc.	Corporate Bond, 3.850% Due to 01-26-2027	66,138	64,405
	American Express Co.	Corporate Bond, 3% Due 10-30-2024	61,333	62,834
	The Walt Disney Co.	Corporate Bond, 7.625% Due 11-30-2028	60,262	61,023
	CME Group Inc	Corporate Bond, 3% Due 09-15-22	60,134	60,980
	Wells Fargo & Co	Corporate Bond, 2.625% Due 07-22-2022	59,482	60,720
	JPMorgan Chase & Co.	Corporate Bond, 3.875% Due 02-01-2024	55,820	58,197
	Stryker Corporation	Corporate Bond, 3.375% Due 05-15-2024	55,652	57,892
	JP Morgan Chase & Co	Corporate Bond, 3.509% Due 01-23-2029	54,516	53,624
	Blackrock Inc.	Corporate Bond, 3.5% Due 03-18-24	50,831	52,749
	Franklin Resources Inc.	Corporate Bond, 2.85% Due 03-30-2025	49,102	52,292
	Public Service Electric and Gas Company	Corporate Bond, 3.050% Due 11-15-2024	49,397	52,096
	General Dynamics Corp	Corporate Bond, 2.25% Due 11-15-22	50,148	50,511
	Goldman Sachs Group Inc	Corporate Bond, 5.75% Due 01-24-22	50,091	50,147
	Metlife Inc	Corporate Bond, 3.000% Due 03-01-2025	44,215	47,330
	AvalonBay Communities	Corporate Bond, 2.850% Due 03-15-23	44,600	45,946
	Duke Energy Carolinas LLC	Corporate Bond, 2.8% Due 05-15-2022	44,996	45,111
	Equitable Cos Inc	Corporate Bond, 7% Due 04-01-28	41,202	44,445
	EOG Resources, Inc.	Corporate Bond, 5.100% Due 01-15-2036	43,282	42,983
	Norfolk Southern Corporation	Corporate Bond, 3.85% Due 01-15-2024	40,263	41,878
	Pepsico Inc.	Corporate Bond, 7% Due 03-01-2029	38,481	40,761
*	The Charles Schwab Corporation	Corporate Bond, 4.000% Due 02-01-2029	35,456	39,162

GCX CORPORATION SAVINGS PLAN

EIN: 94-1738443 / PLAN: 003

SCHEDULE H, LINE 4i:

SCHEDULE OF ASSETS HELD AT END OF YEAR (CONTINUED)

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	John Deere Capital Corporation	Corporate Bond, 3.450% Due 03-13-2025	35,051	37,341
	Consolidated Edison Company of New York, Inc.	Corporate Bond, 3.3% Due 12-01-2024	35,343	36,605
	IBM Corp.	Corporate Bond, 7.00% Due 10-30-2025	35,100	36,203
	United Parcel Svc	Corporate Bond, 2.5% Due 04-01-2023	34,867	35,707
	Verizon Communications	Corporate Bond, 4.4% Due 11-01-2034	32,872	34,916
	Bristol-Myers Squibb Company	Corporate Bond, 5.875% Due 11-15-2036	31,153	34,435
	Altria Group Inc.	Corporate Bond, 4.8% Due 02-14-2029	35,096	33,866
	DowDuPont Inc.	Corporate Bond, 4.493%, Due 11-15-2025	30,306	33,061
	Lincoln National Corporation	Corporate Bond, 3.625% Due 12-12-2026	29,127	32,397
	Markel Corporation	Corporate Bond, 3.35% Due 09-17-2029	32,919	32,328
	Pfizer Inc.	Corporate Bond, 7.200% Due to 03-15-2039	32,366	32,148
	Apple Inc.	Corporate Bond, 2.9% Due 09-12-2027	31,399	31,958
	Capital One Financial Corporation	Corporate Bond, 3.750% Due 04-24-2024	29,608	31,609
	New Jersey St.	Corporate Bond, 7.102% Due 01-01-2041	26,234	31,378
	Illinois Tool Works Inc.	Corporate Bond, 3.5% Due 03-01-2024	30,620	31,366
	Apple Inc	Corporate Bond, 2.4% Due 05-03-2023	29,877	30,685
	Oracle Corp	Corporate Bond, 2.4% Due 09-15-2023	30,033	30,589
	American Express Co.	Corporate Bond, 2.65% Due 12-02-2022	29,928	30,564
	AvalonBay Communities	Corporate Bond, 2.30% Due 03-01-2030	29,669	30,442
	Wells Fargo Bank	Corporate Bond, 3.5% Due 03-08-2022	30,095	30,173
	The Kroger Co.	Corporate Bond, 6.900% Due 04-15-2038	28,324	29,033
	Prudential Financial Inc.	Corporate Bond, 6.625% Due 12-01-2037	29,091	28,973
	Prologis, Inc.	Corporate Bond, 4.375% Due 02-01-2029	27,267	28,662
	Burlington Northern Santa Fe Corp	Corporate Bond, 6.15% Due 05-01-2037	26,003	28,339
	Morgan Stanley	Corporate Bond, 1.794% Due 02-13-2032	29,272	28,290
	Cisco Systems Inc.	Corporate Bond, 5.5% Due 01-15-2040	29,257	27,811
	Eaton Corp	Corporate Bond, 7.65% Due 11-15-29	24,784	27,382
	Honeywell Intl Inc	Corporate Bond, 5.7% Due 03-15-37	23,586	27,355
	Cintas Corp	Corporate Bond, 3.7% Due 04-01-2027	24,932	27,342
	The Travelers Company	Corporate Bond, 5.350% Due 11-01-2040	27,568	27,066
	The Home Depot, Inc.	Corporate Bond, 3.3% Due 04-15-2040	26,862	26,954
	Shell International Finance BV	Corporate Bond, 3.25% Due 05-11-25	24,523	26,577
	Alabama Power Co.	Corporate Bond, 5.5% Due 03-15-41	22,750	26,045
	Virginia Elec & Pwr Co	Corporate Bond, 3.45% Due 02-15-2024	26,337	26,022
	Progressive Corporation	Corporate Bond, 6.625% Due 03-01-2029	23,348	25,884
	PNC Financial Services	Corporate Bond, 2.550% Due 01-22-2030	25,000	25,664
	Archer Daniels Midland Co	Corporate Bond, 7.5% Due 03-15-27	22,494	25,514
	Bestfoods, Inc	Corporate Bond, 6.625% Due 04-15-28	23,330	25,402
	Anheuser Busch Inbev Fin Inc	Corporate Bond, 4.9% Due 02-01-46	20,143	25,223
	McDonald's Corp	Corporate Bond, 1.450% Due 09-01-2025	25,016	25,193
	Citigroup Inc.	Corporate Bond, 2.75% Due 04-25-2022	25,068	25,128
	Berkshire Hathaway Inc.	Corporate Bond, 4.25% Due 01-15-2049	22,328	24,510
	Visa Inc.	Corporate Bond, 4.150% Due 12-14-2035	20,663	23,911

GCX CORPORATION SAVINGS PLAN

EIN: 94-1738443 / PLAN: 003

SCHEDULE H, LINE 4i:

SCHEDULE OF ASSETS HELD AT END OF YEAR (CONTINUED)

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Caterpillar Inc	Corporate Bond, 3.803% Due 08-15-2042	19,983	23,426
	Union Pacific Corp	Corporate Bond, 4.15% Due 01-15-45	20,576	23,385
	Duke Energy Progress	Corporate Bond, 4.1% Due 03-15-2043	20,994	23,117
	Broadcom Inc	Corporate Bond, 4.750% Due 04-15-2029	23,172	22,741
	Deere & Co	Corporate Bond, 8.1% Due 05-15-30	19,277	21,641
	Kimberly-Clark Co	Corporate Bond, 3.100% Due 03-26-2030	20,718	21,546
	Chevron Corp	Corporate Bond, 3.326% Due 11-17-2025	21,091	21,366
	ERP Operating Ltd Partnership	Corporate Bond, 3% Due 07-01-2029	20,530	21,183
	Tosco Corp	Corporate Bond, 8.125% Due 02-15-30	18,976	21,095
	Capital One Financial Corporation	Corporate Bond, 3.300% Due 10-30-2024	20,331	21,051
	United Parcel Svc Amer Inc.	Corporate Bond, 7.620% Due 04-01-2030	19,535	20,758
	United Technologies Corp	Corporate Bond, 5.7% Due 04-15-40	18,656	20,721
	The Proctor & Gamble Company	Corporate Bond, 5.80% Due 08-15-2034	18,410	20,680
	Morgan Stanley	Corporate Bond, 1.593% Due 05-04-2027	20,186	19,768
	Becton Dickinson & Co	Corporate Bond, 7% Due 08-01-27	17,404	18,865
	AT&T Inc	Corporate Bond, 6.625% Due 05-15-2029	17,767	18,829
	Citigroup Inc	Corporate Bond, 6.625% Due 01-15-2028	17,284	18,784
	Enterprise Products Operating LLC	Corporate Bond, 5.100% Due 02-15-45	13,235	18,638
	Virginia Elec & Pwr Co	Corporate Bond, 8.875% Due 11-15-38	15,433	17,612
	Mastercard Inc.	Corporate Bond, 3.800% Due 11-21-2046	18,124	17,607
	Consolidated Edison, Inc.	Corporate Bond, 3.950% Due 04-01-2050	15,251	17,081
	T-Mobile US, Inc.	Corporate Bond, 4.375% Due to 04-15-2040	17,026	17,011
	Comcast Corp.	Corporate Bond, 4.150% Due 10-15-2028	14,825	16,997
	AT&T Inc	Corporate Bond, 4.250% Due 03-01-2027	15,221	16,633
	Exxon Mobil Corp	Corporate Bond, 3.567% Due 03-06-2045	16,690	16,383
	Goldman Sachs	Corporate Bond, 3.814% Due 4-23-2029	17,042	16,313
	Westlake Chemical	Corporate Bond, 3.600% Due to 08-15-2026	16,120	16,095
	AT&T Inc	Corporate Bond, 3.400% Due 05-15-2025	14,791	15,856
	Citigroup Inc.	Corporate Bond, 3.352% Due 04-24-2025	15,471	15,666
	Lincoln National Co.	Corporate Bond, 7.000% Due 06-15-2040	15,271	15,192
	Kimberly-Clark	Corporate Bond, 6.625% Due 08-01-2037	14,224	15,129
	Mondelez International	Corporate Bond, 1.500% Due 05-04-2025	15,019	15,013
	ConocoPhillips	Corporate Bond, 6.5% Due 02-01-2039	12,831	14,492
	Comcast Corp	Corporate Bond, 6.5% Due 11-15-2035	11,993	14,307
	Kellogg Co.	Corporate Bond, 7.45% Due 04-01-2031	11,980	14,070
	Wisconsin Pwr & Lt Co	Corporate Bond, 6.375% Due 08-15-2037	12,633	14,041
	Florida Power & Light Co	Corporate Bond, 5.95% Due 02-01-2038	12,296	13,909
	Metlife Inc	Corporate Bond, 6.500% Due 12-15-2032	12,690	13,899
	Dover Corp	Corporate Bond, 6.6% Due 03-15-2038	12,133	13,862
	Spectra Energy Partners LP	Corporate Bond, 5.950% Due 09-25-2043	11,748	13,826
	Parker-Hannifin Corp	Corporate Bond, 6.25% Due 05-15-2038	12,627	13,816
	Phillips	Corporate Bond, 5.875% Due 05-01-2042	11,495	13,712
	Amgen Inc	Corporate Bond, 5.65% Due 06-15-2042	10,770	13,550
	CSX Corp.	Corporate Bond, 5.5% Due 04-15-2041	11,879	13,386

GCX CORPORATION SAVINGS PLAN

EIN: 94-1738443 / PLAN: 003

SCHEDULE H, LINE 4i:

SCHEDULE OF ASSETS HELD AT END OF YEAR (CONTINUED)

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Norfolk Southern Corp	Corporate Bond, 7.8% Due 05-15-2027	11,793	12,935
	Lockheed Martin Corp	Corporate Bond, 4.85% Due 09-15-2041	9,902	12,785
	Archer Daniels Midland Co	Corporate Bond, 6.750% Due 12-15-2027	12,166	12,720
	Westlake Chemical Corp.	Corporate Bond, 5.000% Due to 08-15-2046	12,680	12,565
	Qualcomm Inc.	Corporate Bond, 4.300% Due 05-20-2047	12,281	12,432
	Williams Partners L.P.	Corporate Bond, 4.850% Due to 03-01-2048	12,365	12,103
	Apple Inc	Corporate Bond, 3.85% Due 05-04-2043	9,290	11,764
	Lowe's Companies, Inc.	Corporate Bond, 4.050% Due 05-03-2047	11,915	11,556
	Archer Daniels Midland Co	Corporate Bond, 3.25% Due 3-27-2030	10,841	10,836
*	The Charles Schwab Corporation	Corporate Bond, 3.250% Due 05-22-2029	10,550	10,784
	Citigroup Inc	Corporate Bond, 3.668% Due 07-04-2028	11,055	10,776
	Applachian Power	Corporate Bond, 6.700% Due 08-15-2037	6,975	6,925
	McKesson Corp New	Corporate Bond, 4.883% Due 03-15-2044	5,508	6,172
	Sysco Corp.	Corporate Bond, 4.450% Due 03-15-2048	6,093	5,872
	Total Corporate Bonds		<u>3,695,585</u>	<u>3,853,263</u>
	GT ERISA Fund, LTD CL B-1 (Global Hedge)	Hedge Fund	3,414,540	3,414,540
	GT ERISA Fund, LTD CL A-1 (Partners)	Hedge Fund	1,255,610	1,255,610
	ITE Rail 2018 Fund LP	Hedge Fund	1,206,344	1,206,344
	Palladian Partners IX, LP	Private Equity Fund	607,736	607,736
	HighBrook Property Fund III, LP	Private Equity Fund	377,449	377,449
	Headlands Capital Secondary Fund II, LP	Private Equity Fund	164,141	164,141
	Total Hedge Funds and Private Equity Funds		<u>7,025,820</u>	<u>7,025,820</u>
	Vanguard Total Stock Mkt Idx Adm Shs	Mutual Fund	15,504,838	29,022,627
	Vanguard FTSE All-World ex-US Index	Mutual Fund	9,142,325	12,090,689
	Vanguard Ultra-Short-Term Bond Fund Adm	Mutual Fund	3,745,988	3,731,110
	DWS RPEEF Real Assets Fund I	Mutual Fund	2,310,611	3,026,224
	DoubleLine Total Return Bond I	Mutual Fund	2,707,331	2,649,100
	Fiera Capital International Equity	Mutual Fund	1,523,140	2,452,651
	AMG TimesSquare International SmallCap	Mutual Fund	1,758,941	2,384,773
	Baillie Gifford Emerging Markets K	Mutual Fund	1,125,707	1,568,479
	Kanye Anderson Renewable Infrastructure Fund I	Mutual Fund	1,398,493	1,430,389
	SPDR Gold Shares	Mutual Fund	260,439	496,981
	Total Mutual Funds		<u>39,477,813</u>	<u>58,853,023</u>
*	Participant Loans	Interest at 5.25 - 7.50%	-	445,935
	Total Assets Held at End of Year		<u>\$ 54,229,110</u>	<u>\$ 74,247,943</u>

* *Party in interest*