Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AGRIFOS FERTILIZER HOURLY RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/10/1998

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

P.O. BOX 3447
2001 JACKSON ROAD
PASADENA, TX 77501-3447

2b Employer Identification Number (EIN)
30-0164117

2c Sponsor's telephone number
713-920-5300

2d Business code (see instructions)
324110

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.	10/08/2010	MARGARET R. SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2010	MARGARET R. SMITH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

2001 JACKSON ROAD, P.O. BOX 3447
PASADENA, TX 77501-3447

3b Administrator's EIN
30-0164117

3c Administrator's telephone number
713-920-5300

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	158
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	93
b	Retired or separated participants receiving benefits	**6b**	18
c	Other retired or separated participants entitled to future benefits	**6c**	39
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	150
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	6
f	Total. Add lines **6d** and **6e**	**6f**	156
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1G

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
AGRIFOS FERTILIZER HOURLY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AGRIFOS FERTILIZER L.L.C.

D Employer Identification Number (EIN)
30-0164117

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009

2 Assets:

a	Market value	**2a**	2140584
b	Actuarial value	**2b**	2140584

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	22	369316
b	For terminated vested participants	**3b**	38	397649
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		213648
	(2) Vested benefits	**3c(2)**		1269632
	(3) Total active	**3c(3)**	98	1483280
d	Total	**3d**	158	2250245

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**	

5	Effective interest rate	**5**	6.43 %
6	Target normal cost	**6**	154844

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

09/27/2010
Signature of actuary — Date

GLORIA S. LESMEISTER — 08-04830
Type or print name of actuary — Most recent enrollment number

BUCK CONSULTANTS, LLC — 713-655-0227
Firm name — Telephone number (including area code)

1000 LOUISIANA ST. SUITE 4900
HOUSTON, TX 77002
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	180881	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	180881	0
10	Interest on item 9 using prior year's actual return of -27.19 %	-49182	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		526246
b	Interest on (a) using prior year's effective rate of 6.15 %		32364
c	Total available at beginning of current plan year to add to prefunding balance		558610
d	Portion of (c) to be added to prefunding balance		324619
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	131699	324619

Part III Funding percentages

14	Funding target attainment percentage	14	74.84 %
15	Adjusted funding target attainment percentage	15	95.13 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.44 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	42946				
08/05/2009	42946				
10/08/2009	42946				
12/15/2009	1553				
01/12/2010	42946				
			Totals ► 18(b)	173337	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	166193

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.17 %	6.28 %	6.62 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 2

22 Weighted average retirement age **22** 62

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ..... ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29**

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 154844

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) **34** 154844

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement			0

36 Additional cash requirement (item 34 minus item 35) **36** 154844

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 166193

38 Interest-adjusted excess contributions for current year (see instructions) **38** 11349

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40** 0

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
AGRIFOS FERTILIZER HOURLY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AGRIFOS FERTILIZER L.L.C.

D Employer Identification Number (EIN)
30-0164117

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	639106	42946
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2716	3415
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9942	11428
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)	1506475	2816439
(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	2158239	2874228
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	9942	12552
k	Total liabilities (add all amounts in lines 1g through1j)	1k	9942	12552
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2148297	2861676

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	173337	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		173337
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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)	63912	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		63912
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1630657	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1572389	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		58268

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	493450	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		493450
(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		788967
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	75588	
(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)		75588
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)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		75588
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		713379
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) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: PANNEL KERR FORSTER OF TEXAS P.C. (2) EIN: 76-0356844

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
AGRIFOS FERTILIZER HOURLY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AGRIFOS FERTILIZER L.L.C.

D Employer Identification Number (EIN)
30-0164117

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**

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): _____ _____

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** 2

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Agrifos Fertilizer
Hourly Retirement Plan

Financial Statements
and Supplemental Schedules

December 31, 2009

Agrifos Fertilizer Hourly Retirement Plan

December 31, 2009

Table of Contents

Page

Independent Auditors' Report 1

Financial Statements

Statements of Net Assets Available for Benefits 2

Statements of Changes in Net Assets Available for Benefits 3

Notes to Financial Statements 4-12

Supplemental Schedules

Schedule H, line 4i – Schedule of Assets Held at End of Year 13

Schedule H, line 4j – Schedule of Reportable Transactions 14

Schedules not included herein are omitted because of the absence of conditions under which they are required.

PANNELL KERR FORSTER OF TEXAS, P.C.

CPAs & Professional Advisors
5847 San Felipe, Suite 2400
Houston, Texas 77057-3092
Main: (713) 860-1400
Fax: (713) 355-3909
www.pkftexas.com

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of
Agrifos Fertilizer Hourly Retirement Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the Agrifos Fertilizer Hourly Retirement Plan (the "Plan") as of December 31, 2009 and 2008 and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules as of and for the year ended December 31, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to information summarized in Note 9, which was certified by Reliance Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008 that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements that we did not audit, we are unable to express, and do not express, an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with U.S. generally accepted auditing standards and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Pannell Kerr Forster of Texas, P.C.

September 10, 2010

Agrifos Fertilizer Hourly Retirement Plan

Statements of Net Assets Available for Benefits

	December 31, 2009	December 31, 2008
Assets		
Cash	$ 11,428	$ 9,942
Investments at fair value		
Money market fund	41,677	94,091
Mutual funds	2,774,761	1,412,386
Total investments at fair value	2,816,438	1,506,477
Receivables		
Employer contributions receivable	42,946	639,106
Total assets	2,870,812	2,155,525
Liabilities		
Payable for pending purchases of investments	9,137	7,226
Net assets available for benefits	$ 2,861,675	$ 2,148,299

See notes to financial statements.

Agrifos Fertilizer Hourly Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2009	2008
Additions to net assets:		
Investment income		
Dividends and interest	$ 63,912	$ 70,109
Net appreciation in fair value of investments	551,719	-
Total investment income	615,631	70,109
Employer contributions	173,337	745,713
Total additions	788,968	815,822
Deductions from net assets:		
Benefit payments to participants	75,592	45,142
Net depreciation in fair value of investments	-	621,513
Total deductions	75,592	666,655
Net increase in net assets available for benefits	713,376	149,167
Net assets available for benefits, beginning of year	2,148,299	1,999,132
Net assets available for benefits, end of year	$ 2,861,675	$ 2,148,299

See notes to financial statements.

Agrifos Fertilizer Hourly Retirement Plan

Notes to Financial Statements

December 31, 2009

Note 1 - Description of Plan

The following description of the Agrifos Fertilizer Hourly Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the *Plan Document* for more complete information of the Plan's provisions.

General, Plan administration and trustee

The Plan was established on September 10, 1998 and amended and restated effective January 1, 2008 by Agrifos Fertilizer, Inc. (the "Sponsor" or "Company"). The plan was last amended December 30, 2009.

The Plan is a noncontributory defined benefit pension plan covering certain hourly employees of the Company. Employees represented by the collective bargaining agreements in effect at the Pasadena, Texas plant are eligible to participate in the Plan on the date of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Company serves as the Plan administrator. Reliance Trust Company (the "Trustee") serves as the trustee of the Plan. The Trustee maintains in safekeeping all assets of the Plan.

Pension benefits

Employees with five years of vesting service, based on 1,000 hours in a Plan year, are 100% vested. A year of credited service represents a Plan year of employment during which a participant completes at least 1,950 hours of service. Those employees working less than 1,950 hours in a Plan year are credited with a fraction of a year.

The Plan provides for various retirement benefits to members who have fulfilled the following requirements:

(1) Normal Retirement Pension - Every participant of the Plan who retires on or after his normal retirement date [i.e., the date on which a participant's sixty-fifth (65) birthday occurs]. For participants covered under the United Steelworkers of America AFL-CIO Local 13-1 Union collective bargaining agreement of the Plan, monthly benefit payments beginning at the normal retirement age of 65 are equal to $30 (if employment terminated on or after September 10, 1998), $32 (if employment terminated on or after June 6, 1999), $33 (if employment terminated on or after June 15, 2000), or $34 (if employment terminated on or after June 16, 2001) multiplied by years of credited service. For participants covered under the International Brotherhood of Electrical Workers AFL-CIO-CL collective bargaining agreement of the Plan, monthly benefit payments beginning at the normal retirement age of 65 are equal to $30 (if employment terminated on or after September 10, 1998), $32 (if employment terminated on or after June 6, 1999), $33 (if employment terminated on or after June 15, 2000), $34 (if employment terminated on or after May 5, 2001) or $35 (if employment terminated on or after May 5, 2002) multiplied by years of credited service.

Agrifos Fertilizer Hourly Retirement Plan

Notes to Financial Statements

December 31, 2009

Note 1 - Description of Plan (Continued)

Pension benefits (continued)

(2) Early Retirement Pension - A participant who is fifty-five (55) or more years of age, but who has not attained normal retirement age and who has completed twenty (20) or more years of Plan service. The amount of monthly benefits payable is reduced by 4% for each full year by which the participant's benefit payment commencement date precedes age 62. The reduction factor for early retirement does not apply for employees that retire within 3 years of normal retirement age.

(3) Death Pension - A participant with an eligible beneficiary who is married, has not received a distribution and dies prior to retirement. The death benefit is equal to the lump sum actuarial value equivalent of the vested accrued benefit at the date of death reduced by the eligible spouse survivor portion of the benefit that would have been available as an early retirement benefit.

Note 2 - Summary of Significant Accounting Policies

Basis of accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles.

Recent accounting pronouncements

In May 2009, the Financial Accounting Standards Board ("FASB") issued new guidance which establishes general standards of accounting for and disclosure of events that occur after the balance sheet date, but before the financial statements are issued or are available to be issued. The guidance is effective for annual periods ending after June 15, 2009. The adoption of the guidance did not have a material impact on the Plan's financial statements.

In June 2009, the FASB issued authoritative guidance on the Accounting Standards Codification (the "Codification"). The Codification became the single source of authoritative accounting principles recognized by the FASB to be applied by nongovernmental entities in the preparation of financial statements in conformity with generally accepted accounting principles. The Codification is effective for annual periods ending after September 15, 2009. The guidance did not have a material impact on the Plan's financial statements.

In September 2009, the FASB issued guidance regarding the fair value measurement of investments in certain entities that calculate net asset value per share. The guidance applies to investments that do not have a readily determinable fair value and are held by an entity that is required to report the investment assets at fair value. This guidance permits, as a practical expedient, an entity to measure the fair value of an investment on the basis of the net asset value per share of the investment (or its equivalent) and requires disclosures, by major category of investments, the attributes of investments, such as the nature of any restrictions on the investor's ability to redeem its investments at the measurement date, any unfunded commitments, and the investment strategies of the investees. The guidance is effective for annual periods ending after December 15, 2009. The Plan's adoption of this guidance did not have a material impact on the Plan's financial statements.

Note 2 - Summary of Significant Accounting Policies (Continued)

Recent accounting pronouncements (continued)

The FASB issued new guidance in 2009 and 2010 to clarify certain existing fair value disclosures and requires a number of additional disclosures. The guidance issued in 2009 requires a reporting entity to show fair value measurements for each class within each category of assets and liabilities and is effective for periods ending after June 15, 2009. See Note 3. The guidance issued in 2010 requires the reporting entity to disclose information about inputs and valuation techniques for fair value measurements that fall in either level 2 or level 3, the disclosure of the amounts and reasons for any significant transfers between levels 1 and 2 fair value measurements, and the disclosure of information regarding the purchases, sales, issuances and settlements of level 3 assets and liabilities be presented on a gross basis. With the exception of the requirement to present changes in level 3 measurements on a gross basis, which is delayed until 2011, the guidance becomes effective for reporting periods beginning after December 15, 2009. Plan management is currently evaluating the effect that the guidance will have on the Plan's financial statements.

Valuation of investments and income recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 regarding fair value measurements.

Investment transactions are recorded as of the trade date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Unrealized appreciation or depreciation in the fair value of investments held at year-end is determined using the fair value at the beginning of the year or the purchase price if the investment is acquired during the year. The realized gain or loss on the sale of investments is determined using historical cost. Upon the sale of an investment, the current year unrealized appreciation or depreciation is adjusted for unrealized gains and losses recognized in prior years. Unrealized appreciation or depreciation along with realized gains and losses are reported as net appreciation or depreciation in fair value of investments in the statements of changes in net assets available for benefits.

Benefit payments

Benefit payments to participants are recorded upon distribution.

Administrative expenses

During 2009 and 2008, the Plan's expenses were paid by the Plan Sponsor.

Agrifos Fertilizer Hourly Retirement Plan

Notes to Financial Statements

December 31, 2009

Note 2 - Summary of Significant Accounting Policies (Continued)

Use of estimates

The preparation of financial statements in accordance with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and schedules. Actual results could differ from those estimates.

Financial instruments and credit risk

Financial instruments which potentially subject the Plan to credit risk include investments in a money market fund and mutual funds. Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. 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 the amounts reported in the statements of net assets available for benefits.

Note 3 - Fair Value Measurements

The Plan uses a three-level hierarchy, in accordance with the fair value standard, that establishes a hierarchy for grouping assets and liabilities, based on the significance of inputs. The hierarchy of fair value measurements is described below:

- Level 1 - quoted prices in active markets for identical assets or liabilities;
- Level 2 - inputs other than level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of these assets or liabilities; or
- Level 3 - unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

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

The following is a description of the valuation methodologies used for assets measured at fair value:

- Money market fund - This investment is valued at cost, which approximates fair value.
- Mutual funds - These investments are valued daily at the net asset value of shares or units held by the Plan based on the quoted market prices of the underlying assets.

Note 3 - Fair Value Measurements (Continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the valuation methods are considered appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Plan's assets measured at fair value as of December 31, 2009 are as follows:

	Level 1	Level 2	Level 3	Total
Investments:				
Money market fund	$ 41,677	$ -	$ -	$ 41,677
Mutual funds				
Bank loan fund	286,631	-	-	286,631
Inflation-protected bond fund	140,853	-	-	140,853
Intermediate-term bond funds	559,710	-	-	559,710
International funds	281,772	-	-	281,772
Large blend funds	217,528	-	-	217,528
Large growth funds	427,393	-	-	27,393
Large value fund	210,194	-	-	210,194
Mid-cap growth fund	109,003	-	-	109,003
Mid-cap value fund	79,668	-	-	79,668
Short-term bond fund	363,937	-	-	363,937
Small-cap growth fund	61,972	-	-	61,972
Small-value growth fund	36,100	-	-	36,100
Total investments	$ 2,816,438	$ -	$ -	$ 2,816,438

The Plan's assets measured at fair value as of December 31, 2008 are as follows:

	Level 1	Level 2	Level 3	Total
Investments:				
Money market fund	$ 94,091	$ -	$ -	$ 94,091
Mutual funds	1,412,386	-	-	1,412,386
Total investments	$ 1,506,477	$ -	$ -	$ 1,506,477

Agrifos Fertilizer Hourly Retirement Plan

Notes to Financial Statements

December 31, 2009

Note 4 - Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's policy is to make cash contributions to the Plan, which are actuarially determined and are designed to annually fund current service costs and to fund prior service costs in accordance with the minimum funding requirements of ERISA. The Company made contribution accruals of $42,946 and $639,106 as of December 31, 2009 and 2008, respectively. Adequate contributions to satisfy the minimum funding requirements under ERISA were made for 2009 and 2008.

Note 5 - Plan Termination and PBGC Matters

In the event that the Plan is terminated, the net assets of the Plan, after payment of expenses of administration or liquidation, will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the *Plan Document*. The order is as follows:

A. Rollover and voluntary contributions by participants, if any.
B. Mandatory contributions by participants, if any.
C. Retirement benefits that became payable or could have become payable three years before the termination of the Plan.
D. Accrued benefits for active and former participants that were vested prior to the termination of the Plan, to the extent such benefits do not exceed the maximum amount guaranteed (or that would be guaranteed) by the Pension Benefit Guaranty Corporation ("PBGC") (see below).
E. Accrued benefits for active and former participants that were vested prior to the termination of the Plan, to the extent such benefits have not been provided above.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee while other benefits may not be provided for at all.

Agrifos Fertilizer Hourly Retirement Plan

Notes to Financial Statements

December 31, 2009

Note 6 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future benefit payments attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died and present employees or their beneficiaries. Benefits under the Plan are based on employees' years of credited service. Benefits payable under all circumstances: retirement, early retirement, death, and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits has been determined by an independent actuary, and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the benefit information date and the expected payment dates. The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective. These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The most recent actuarial valuation was prepared as of January 1, 2009 for the year ended December 31, 2009. The actuarial present value of accumulated plan benefits is as follows:

	December 31,	
	2009	2008
Vested benefits		
Retired participants	$ 376,378	$ 330,982
Terminated participants	435,321	224,651
Active participants	1,346,555	889,139
Total vested benefits	2,158,254	1,444,772
Nonvested benefits	234,976	182,255
Total actuarial present value of accumulated plan benefits	$ 2,393,230	$ 1,627,027

Agrifos Fertilizer Hourly Retirement Plan

Notes to Financial Statements

December 31, 2009

Note 6 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

The changes in the actuarial present value of accumulated plan benefits during 2009 and 2008 are as follows:

	Year Ended December 31,	
	2009	2008
Actuarial present value of accumulated plan benefits at beginning of year	$ 1,627,027	$ 1,377,351
Changes during the year attributable to:		
Additional accrual	168,321	131,339
Benefits paid	(45,339)	(30,460)
Interest cost	128,383	108,970
Change in assumptions	514,838	39,827
Net increase	766,203	249,676
Actuarial present value of accumulated plan benefits at end of year	$ 2,393,230	$ 1,627,027

Significant assumptions underlying the actuarial computations are as follows:

Discount rate	2009 - 6% compounded
	2008 - 8% compounded
Mortality	2009 Combined Static Mortality table with separate rates for males and females - 2009
	2008 Combined Static Mortality table with separate rates for males and females - 2008
Retirement	Participants are assumed to retire at the earlier of (a) age 62 after completing 20 years of vesting service or (b) age 65. Participants over age 65 are assumed to retire immediately.
Cost method	Accrued Benefit Actuarial Cost Method

Note 7 - Income Tax Status

The Plan obtained its determination letter dated July 24, 2009, in which the IRS stated that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements as of and for the years ended December 31, 2009 and 2008.

Agrifos Fertilizer Hourly Retirement Plan

Notes to Financial Statements

December 31, 2009

Note 8 - Investments

The following presents the fair value of investments that represent 5% or more of the Plan's net assets at December 31:

	2009	2008
Artio Total Return Bond Fund I	$ 278,573	$ 145,375
Davis New York Venture Fund Class Y	159,112	118,263
Dodge & Cox Stock Fund	210,194	135,704
Eaton Vance Floating Rate Fund Class I	286,631	144,194
Goldman Sachs Core Fixed Income Fund Class I	281,137	137,444
T Rowe Price Institutional Large-Cap Growth Fund	229,262	136,865
Transamerica Equity Fund Class I	198,131	(a)
Vanguard Short-Term Investment Grade Fund Admiral	363,937	169,966

(a) Investment does not represent 5% or more of the Plan's net assets available for benefits at December 31, 2008.

During 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by $551,719 and $(621,513), respectively.

Note 9 - Information Certified by the Trustee (Unaudited)

The following unaudited information included in the financial statements was obtained from data that has been prepared and certified as complete and accurate by the Trustee as of December 31:

	2009	2008
Cash	$ 11,428	$ 9,942
Money market fund	41,677	94,091
Mutual funds	2,774,761	1,412,386
Dividends and interest	63,912	70,109
Net appreciation (depreciation) in fair value of investments	551,719	(621,513)

All information included in the supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the Trustee.

Note 10 - Subsequent Events

Management has evaluated subsequent events as of September 10, 2010, which was the date the financial statements were available to be issued, and has determined that there are no subsequent events to be disclosed.

Supplemental Schedules

ATTACHMENT TO 2009 (FORM 5500) SCHEDULE SB

AGRIFOS FERTILIZER HOURLY RETIREMENT PLAN

EIN: 30-0164117 **PLAN NUMBER: 001**

In preparing this Schedule SB, the actuary relied on other parties for, and applied reasonability tests to, information on assets, contributions, plan provisions and data on people covered by the plan.

ATTACHMENT TO 2009 (FORM 5500)
SCHEDULE SB, LINE 24 – CHANGES IN ACTUARIAL ASSUMPTIONS

AGRIFOS FERTILIZER HOURLY RETIREMENT PLAN

EIN: 30-0164117 **PLAN NUMBER: 001**

Summary of Changes from the January 1, 2008 Valuation

In accordance with PPA, as amended by WRERA, and recent IRS guidance, the interest rates used to value the Funding Target and Target Normal Cost have been changed to reflect the current applicable three-segment rates. The mortality table used was also updated to reflect the current table in accordance with PPA 2006. These changes receive automatic approval from the IRS.

For accounting purposes, the discount rate was changed from 5.00% to 6.00%, and the mortality table was changed from the IRS 2008 Combined Static Mortality Table for small plans to the IRS 2009 Combined Static Mortality Table for small plans.

The FAS 35 discount rate (FAS 87 expected long-term rate of return on assets) was changed from 8.0% to 6.0%.

The PBGC rates have been updated to reflect current rates.

Agrifos Fertilizer Hourly Retirement Plan
E.I.N. 30-0164117
Plan 001

Schedule H, line 4i - Schedule of Assets Held at End of Year
December 31, 2009

a	b	c	d	e
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Cash	Cash	$ 11,428	$ 11,428
	Goldman Sachs Financial Square Government Fund	Money Market Fund	41,677	41,677
	American Beacon Small Cap Value Fund Class I	Mutual Fund	33,999	36,100
	American Europacific Growth Fund F2	Mutual Fund	108,793	141,930
	Artio International Equity Fund II	Mutual Fund	129,033	139,842
	Artio Total Return Bond Fund I	Mutual Fund	268,424	278,573
	Buffalo Small Cap Fund	Mutual Fund	43,234	61,972
	Davis New York Venture Fund Class Y	Mutual Fund	142,789	159,112
	Dodge & Cox Stock Fund	Mutual Fund	213,409	210,194
	Eaton Vance Floating Rate Fund Class I	Mutual Fund	283,325	286,631
	Goldman Sachs Core Fixed Income Fund Class I	Mutual Fund	274,906	281,137
	Goldman Sachs Mid Cap Value Fund Class I	Mutual Fund	74,656	79,668
	Munder Midcap Core Growth Fund Class Y	Mutual Fund	100,419	109,003
	T Rowe Price Institutional Large-Cap Growth Fund	Mutual Fund	198,161	229,262
	Transamerica Equity Fund Class I	Mutual Fund	188,429	198,131
	Vanguard Inflation-Protected Securities Fund Admiral	Mutual Fund	137,081	140,853
	Vanguard Institutional Index Fund Class I	Mutual Fund	61,628	58,416
	Vanguard Short-Term Investment Grade Fund Admiral	Mutual Fund	354,112	363,937

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan: Agrifos Fertilizer Hourly Retirement Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: Agrifos Fertilizer L.L.C.

D Employer Identification Number (EIN): 30-0164117

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2009

2 Assets:

a	Market value	2a	2,140,584
b	Actuarial value	2b	2,140,584

3 Funding target/participant count breakdown

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	22	369,316
b	For terminated vested participants	3b	38	397,649
c	For active participants:			
	(1) Non-vested benefits	3c(1)		213,648
	(2) Vested benefits	3c(2)		1,269,632
	(3) Total active	3c(3)	98	1,483,280
d	Total	3d	158	2,250,245

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	4a	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	

5	Effective interest rate	5	6.43 %
6	Target normal cost	6	154,844

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

GSL — Signature of actuary

9/27/2010 — Date

Gloria S. Lesmeister — Type or print name of actuary

08-04830 — Most recent enrollment number

Buck Consultants, LLC — Firm name

(713) 655-0227 — Telephone number (including area code)

1000 Louisiana St. Suite 4900

Houston TX 77002 — Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	180,881	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	180,881	0
10	Interest on item 9 using prior year's actual return of (27.19)%	(49,182)	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		526,246
	b Interest on (a) using prior year's effective rate of 6.15 %		32,364
	c Total available at beginning of current plan year to add to prefunding balance		558,610
	d Portion of (c) to be added to prefunding balance		324,619
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	131,699	324,619

Part III Funding percentages

14	Funding target attainment percentage	14	74.85 %
15	Adjusted funding target attainment percentage	15	95.13 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.44 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	42,946				
08/05/2009	42,946				
10/08/2009	42,946				
12/15/2009	1,553				
01/12/2010	42,946				
			Totals ► 18(b)	173,337	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	166,193

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.17 %	6.28 %	6.62 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 2

22 Weighted average retirement age — **22**: 62

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years — **28**: 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) — **29**:

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) — **30**: 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) — **31**: 154,844

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount — **33**:

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) — **34**: 154,844

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement			0

36 Additional cash requirement (item 34 minus item 35) — **36**: 154,844

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — **37**: 166,193

38 Interest-adjusted excess contributions for current year (see instructions) — **38**: 11,349

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) — **39**: 0

40 Unpaid minimum required contribution for all years — **40**: 0

AGRIFOS FERTILIZER

EIN: 30-0164117 **PLAN NUMBER: 001**

Schedule SB, Line 19 - Discounted Employer Contributions

Date	Amount	Plan Year	Days Discounted at Effective Rate of 6.43%	Days Discounted at Penalty Rate of 11.43%	Discounted Value
Line 19c - Contributions Allocated Toward Minimum Required Contribution for Current Year					
4/15/2009	42,946	2009	104	0	42,190
8/5/2009	26,734	2009	195	21	25,698
8/5/2009	16,212	2009	216	0	15,625
10/8/2009	42,946	2009	280	0	40,941
12/15/2009	1,553	2009	348	0	1,463
1/12/2010	42,946	2009	376	0	40,276
Total	173,337				166,193

ATTACHMENT TO 2009 (FORM 5500)
SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

AGRIFOS FERTILIZER HOURLY RETIREMENT PLAN

EIN: 30-0164117 **PLAN NUMBER: 001**

Active participants are assumed to retire at the earlier of (a) age 62 after completing 20 years of service or (b) age 65.

ATTACHMENT TO 2009 (FORM 5500)
SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS / METHOD

AGRIFOS FERTILIZER HOURLY RETIREMENT PLAN

EIN: 30-0164117 **PLAN NUMBER: 001**

Interest rate		
Funding:	Current Year:	
	First Segment Rate	5.17%
	Second Segment Rate	6.28%
	Third Segment Rate	6.62%
	Effective Interest Rate	6.43%
	Prior Year:	
	First Segment Rate	5.31%
	Second Segment Rate	5.88%
	Third Segment Rate	6.40%
	Effective Interest Rate	6.15%
FAS 35 discount rate:	Current Year:	6.00%
	Prior Year:	8.00%
Discount rate:	6.00% per year for 2008 year-end disclosure and 2009 expense calculation	
Expected long-term	6.00% compounded annually rate of return	
PBGC premiums:	Current Year:	
	First Segment Rate	6.72%
	Second Segment Rate	7.12%
	Third Segment Rate	6.36%
	Prior Year:	
	First Segment Rate	4.93%
	Second Segment Rate	6.13%
	Third Segment Rate	6.69%
Salary increase assumptions	None	

ATTACHMENT TO 2009 (FORM 5500)
SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS / METHOD

AGRIFOS FERTILIZER HOURLY RETIREMENT PLAN

EIN: 30-0164117 **PLAN NUMBER: 001**

Disability rates

None

Form of payment

Payable for the life of the participant (normal form).

Marital percentage

80% of the participants are assumed to be married. Husbands are assumed to be the same age as their wives.

Mortality

Current Year:
The IRS 2009 Combined Static Mortality Table for small plans was used in the funding valuation and accounting valuations.

Prior Year:
The IRS 2008 Combined Static Mortality Table for small plans was used in the funding valuation and accounting valuations.

Retirement age

Active Participants are assumed to retire at the earlier of (a) age 62 after completing 20 years of vesting service or (b) age 65. Participants over age 65 are assumed to retire immediately.

Withdrawal Rates

Table T -1. Sample rates are below.

Age	Rate
20	5.44%
25	4.90%
30	3.70%
35	2.35%
40	1.13%
45	0.27%
50+	0.00%

Expenses

None. Paid by Plan Sponsor.

Timing of Payment

Active Withdrawal: Deferred to 65.

Vested Terminated Participants: Deferred to 65.

ATTACHMENT TO 2009 (FORM 5500)
SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS / METHOD

AGRIFOS FERTILIZER HOURLY RETIREMENT PLAN

EIN: 30-0164117 **PLAN NUMBER: 001**

Asset valuation method

For minimum required and maximum contribution purposes.

Assets are valued using the market value as of the valuation date as elected by the plan sponsor. For Funding purposes, contributions that are accrued before the valuation date, but paid after that date, are included in the valuation.

Market-related value

The market-related value of assets is the market value as of the valuation date. Contributions that are accrued before the calculation date, but expected to be paid after that date, are included on a prorated basis in the valuation to determine expected return on assets.

ATTACHMENT TO 2009 (FORM 5500)
SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

AGRIFOS FERTILIZER HOURLY RETIREMENT PLAN

EIN: 30-0164117 **PLAN NUMBER: 001**

Plan History

Effective date: September 10, 1998

Eligibility Requirements

Minimum age: None.

Service: None.

Employment Class: Hourly paid employee represented by the collective bargaining agreements in effect at the Pasadena, Texas plant.

Normal Retirement

Age requirement: 65

Service requirement: None

Monthly benefit amount: The Monthly Pension is the product of the participant's Years of Credited Service (or fraction thereof) after September 10, 1998 multiplied by the applicable Benefit Credit as set forth below.

Production employees:

Benefit Credit	Effective
$30.00	9-10-1998
$32.00	6-06-1999
$33.00	6-15-2000
$34.00	6-16-2001

Electricians:

Benefit Credit	Effective
$33.00	5-05-2000
$34.00	5-05-2001
$35.00	5-05-2002

Early Retirement

Age requirement: 55

Service requirement: 20 years Vesting Service

Monthly benefit amount: Same as Normal Retirement, with payments deferred to age 62. Payments may commence at an earlier date but with the benefit reduced by 4% for each year that the earlier commencement date precedes age 62.

ATTACHMENT TO 2009 (FORM 5500)
SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

AGRIFOS FERTILIZER HOURLY RETIREMENT PLAN

EIN: 30-0164117 **PLAN NUMBER: 001**

Pre-Retirement Death Benefit

Service requirement:	5 years Vesting Service
Marriage requirement:	One year of continuous marriage for period ending on date of death.
Monthly benefit amount:	Survivor portion of the Joint and 50% benefit that would have been available to the participant as an Early Retirement benefit.
Form of Payment:	Life annuity payable to surviving spouse.

Deferred Vested Benefit

Vesting schedule:	5 year cliff.
Monthly accrued benefit:	Save as for Early Retirement

Form of Benefit Payments

Normal Form of Payment:	Retirement Benefits are payable for the life of the participant if not married, and as an actuarial equivalent Joint and 50% Annuity if married.
Joint and Survivor Annuity:	Unless the participant elects otherwise, benefits are automatically paid as a Joint and 50% annuity to the surviving spouse, in a reduced amount which is the actuarial equivalent of the Normal Form of benefit.

Vesting Service

One year for each plan year since original date of hire in which a participant worked 1,000 hours or more. (Includes all service with the Pasadena, Texas plant.)

Credited Service

One year for each plan year after the plan effective date in which the participant works 1,950 hours or more. If a participant works fewer than 1,950 hours in a plan year, the participant is credited with a fraction of a year. The numerator is the actual hours worked during the plan year and the denominator is 1,950.

Summary of Changes from the January 1, 2008 Valuation

- Legislative limits increased but had no impact on the 2008 valuation results

ATTACHMENT TO 2009 (FORM 5500)
SCHEDULE SB, Line 26 – SCHEDULE OF ACTIVE PARTICIPANTS

AGRIFOS FERTILIZER HOURLY RETIREMENT PLAN

EIN: 30-0164117 **PLAN NUMBER: 001**

Distribution of Active Participant as of January 1, 2009 – Age by Service

Schedule SB, Line 26-Schedule of Active Participant Data										
YEARS OF CREDITED SERVICE										
Age	**0-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40+**	**Total**
15-19	0	0	0	0	0	0	0	0	0	0
20-24	8	0	0	0	0	0	0	0	0	8
25-29	11	3	0	0	0	0	0	0	0	14
30-34	8	1	0	0	0	0	0	0	0	9
35-39	9	3	1	0	0	0	0	0	0	13
40-44	4	4	1	0	0	0	0	0	0	9
45-49	3	6	1	0	0	0	0	0	0	10
50-54	2	1	4	0	0	0	0	0	0	7
55-59	0	0	15	0	0	0	0	0	0	15
60-64	0	1	12	0	0	0	0	0	0	13
65-69	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0
TOTAL	45	19	34	0	0	0	0	0	0	98

Agrifos Fertilizer Hourly Retirement Plan
E.I.N. 30-0164117
Plan 001

Schedule H, line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2009

a	b	c	d	g	h	i
Identity of party involved	**Description of asset**	**Purchase price**	**Selling price**	**Cost of asset**	**Current value of asset on transaction date**	**Net gain or (loss)**
Single transaction:						
Federated U.S. Treasury Cash Reserves Class I	Money Market Fund	$ -	$ 94,091	$ 94,091	$ 94,091	$ -
Series of transactions:						
Federated Governement Obligation Fund Class I	Money Market Fund	89,738	-	89,738	89,738	-
Federated U.S. Treasury Cash Reserves Class I	Money Market Fund	8	-	8	8	-
Federated U.S. Treasury Cash Reserves Class I	Money Market Fund	-	94,099	94,099	94,099	-
American Europacific Growth Fund F2	Mutual Fund	108,899	-	108,899	109,216	-
American Europacific Growth Fund F2	Mutual Fund	-	110	107	110	3
Artio International Equity Fund II	Mutual Fund	92,485	-	92,485	92,485	-
Buffalo Small Cap Fund	Mutual Fund	87,016	-	87,016	87,016	-
Buffalo Small Cap Fund	Mutual Fund	-	52,873	43,781	52,873	9,092
Davis New York Venture Fund Class Y	Mutual Fund	74,547	-	74,547	74,547	-
Davis New York Venture Fund Class Y	Mutual Fund	-	77,312	88,646	77,312	(11,334)
Dodge & Cox Stock Fund	Mutual Fund	85,769	-	85,769	85,769	-
Dodge & Cox Stock Fund	Mutual Fund	-	68,883	89,050	68,884	(20,167)
T Rowe Price Institutional Large-Cap Growth Fund	Mutual Fund	82,142	-	82,142	82,142	-
T Rowe Price Institutional Large-Cap Growth Fund	Mutual Fund	-	86,624	83,336	86,624	3,288
Transamerica Premier Institutional Equity Fund	Mutual Fund	88,109	-	88,109	88,109	-
Transamerica Premier Institutional Equity Fund	Mutual Fund	-	41,723	44,670	41,723	(2,947)
Artio Total Return Bond Fund I	Mutual Fund	130,178	-	130,178	130,178	-
Eaton Vance Floating Rate Fund Class I	Mutual Fund	127,044	-	127,044	127,044	-
Eaton Vance Floating Rate Fund Class I	Mutual Fund	-	61,856	72,059	61,856	(10,203)
Goldman Sachs Core Fixed Income Fund Class I	Mutual Fund	125,461	-	125,461	125,461	-
Goldman Sachs Core Fixed Income Fund Class I	Mutual Fund	-	10,148	11,465	10,149	(1,317)
Vanguard Inflation-Protected Securities Fund Admiral	Mutual Fund	105,206	-	105,206	105,206	-
Vanguard Inflation-Protected Securities Fund Admiral	Mutual Fund	-	2,883	3,013	2,883	(130)
Vanguard Short-Term Investment Grade Fund Admiral	Mutual Fund	196,438	-	196,438	196,438	-
Vanguard Short-Term Investment Grade Fund Admiral	Mutual Fund	-	26,628	26,939	26,628	(311)