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. . . . . ▶ [ ]

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
THE GOODWIN AMMONIA COMPANY PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/23/1966

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

16492 SOMERSET LANE
HUNTINGTON BEACH, CA 92649-2835

2b Employer Identification Number (EIN) 95-2387575

2c Sponsor's telephone number 562-592-5345

2d Business code (see instructions) 424600

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	THOMAS GOODWIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

16492 SOMERSET LANE
HUNTINGTON BEACH, CA 92649-2835

3b Administrator's EIN
95-2387575

3c Administrator's telephone number
562-592-5345

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**	127
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**	136
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	2
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	138
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	138
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	138
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:
2E 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
THE GOODWIN AMMONIA COMPANY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE GOODWIN AMMONIA COMPANY

D Employer Identification Number (EIN)
95-2387575

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

RSM MC GLADREY

18401 VON KARMAN AVENUE
FIFTH FLOOR
IRVINE, CA 92612

42-0714325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	15750	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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(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

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
THE GOODWIN AMMONIA COMPANY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE GOODWIN AMMONIA COMPANY

D Employer Identification Number (EIN)
95-2387575

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	116425	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	58072	46022
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	683870	1051550
(2) U.S. Government securities	1c(2)	1837815	1103930
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	2301976	2353540
(B) All other	1c(3)(B)	54514	12675
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	2983244	4431417
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3208417	3720669
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(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	11244333	12719803
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	11244333	12719803

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)	600000	
(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)		600000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5085	
(B) U.S. Government securities	2b(1)(B)	65093	
(C) Corporate debt instruments	2b(1)(C)	117299	
(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)		187477
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	92952	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		92952
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	854345	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	861206	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-6861

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	844248	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		844248
	(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)		151307
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		1869123
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	334308	
	(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)		334308
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)	15750	
	(2) Contract administrator fees	2i(2)	4820	
	(3) Investment advisory and management fees	2i(3)	38775	
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		59345
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		393653
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		1475470
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: RSM MC GLADREY **(2)** EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
THE GOODWIN AMMONIA COMPANY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE GOODWIN AMMONIA COMPANY

D Employer Identification Number (EIN)
95-2387575

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 95-6142568

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

McGladrey

Independent Auditor's Report

To the Plan Administrator
The Goodwin Ammonia Company
Profit Sharing Plan
Garden Grove, CA

We were engaged to audit the accompanying statements of net assets available for benefits of The Goodwin Ammonia Company Profit Sharing Plan (the Plan) as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the related supplemental schedules of assets held at end of year and reportable transactions. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified or provided by Northern Trust, N.A., the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. As disclosed in Note 3, the Plan Administrator has obtained certifications from the custodian regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the custodian as of and for the year ended December 31, 2009 and as of December 31, 2008.

Because of the significance of the information that we did not audit, we are unable to, 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 or provided by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

McGladrey & Pullen, LLP

Irvine, CA
October 6, 2010

McGladrey is the brand under which RSM McGladrey, Inc. and McGladrey & Pullen, LLP serve clients' business needs. The two firms operate as separate legal entities in an alternative practice structure.

Member of RSM International network, a network of independent accounting, tax and consulting firms.

The Goodwin Ammonia Company Profit Sharing Plan

Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
Assets		
Interest-bearing cash, nonparticipant-directed (Note 3)	**$ 1,051,550**	$ 683,870
Investments, nonparticipant-directed (Note 3)	**11,622,231**	10,385,966
Total investments	**12,673,781**	11,069,836
Receivables:		
Employer contribution	**-**	116,425
Accrued interest and dividends	**46,022**	58,072
	46,022	174,497
Net assets available for benefits	**$ 12,719,803**	$ 11,244,333

See Notes to Financial Statements.

The Goodwin Ammonia Company Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2009

Additions to net assets attributed to:	
Investment income (Note 3):	
Net appreciation in fair value of investments	$ 988,694
Interest, dividends and other	280,429
	1,269,123
Employer contributions	600,000
Total additions	1,869,123
Deductions from net assets attributed to:	
Benefits paid	334,308
Administrative expenses	59,345
Total deductions	393,653
Net increase	1,475,470
Net assets available for benefits:	
Beginning of year	11,244,333
End of year	$ 12,719,803

See Notes to Financial Statements.

Note 1. Plan Description

The following description of The Goodwin Ammonia Company Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a noncontributory profit sharing plan. Substantially all full-time employees of The Goodwin Ammonia Company (the Company) are eligible to participate in the Plan. The Plan entry date is January 1 each year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was amended effective January 1, 2009 to a six-year vesting schedule.

Participant accounts: Each participant's account is credited with an allocation of (a) the Company's contribution, (b) Plan earnings/losses and (c) forfeitures of terminated participants' nonvested accounts. Allocations are based on participant earnings or account balances, as defined. Allocations are made to each participant employed at the end of each Plan year for those who have completed 1,000 hours of service during the year. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance. All participants' accounts are nonparticipant-directed.

Funding Policy: Each year, the Company contributes an amount set by the Board of Directors based on a predetermined percentage of the total eligible compensation of all participants to the Plan. For the year ended December 31, 2009, the Company's total contribution to the Plan was $610,480, of which $10,480 was funded through reallocation of forfeitures.

Vesting: Vesting of participants' accounts is based on years of continuous service. Participants vest 20 percent after two years, 20 percent for each of the following four years and are fully vested after six years of credited service.

Payment of benefits: Distribution of Plan benefits due to termination, retirement, death or disability may be made (a) in a single distribution, (b) in annual installments or (c) in any combination of the foregoing. The Plan allows for involuntary cash-out distribution of balances of $1,000 or less.

Forfeitures: Forfeitures are used to pay administrative expenses of the Plan and any remaining forfeitures are aggregated and allocated in the same manner as employer contributions. During the year ended December 31, 2009, forfeitures aggregated with employer contributions totaled $10,480. There were no unallocated forfeitures remaining at December 31, 2009.

Administrative expenses: Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. The Plan document allows the Company the discretion to pay or not to pay other administrative expenses associated with the Plan. For the Plan year ended December 31, 2009, the Plan paid $59,345 for administrative expenses.

Note 2. Significant Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared under the accrual basis of accounting.

Use of estimates: The preparation of the Plan's financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates. Significant estimates include the valuation of investments.

Note 2. Significant Accounting Policies, Continued

Payment of benefits: Benefits are recorded when paid.

Risk and uncertainties: The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Concentration of credit risk: The Plan maintains its cash account in a commercial bank which, at times, exceeds federally insured limits. The Plan has not experienced any losses in such accounts and believes it is not exposed to any significant risk on cash.

Fair value measurements: 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. The authoritative guidance describes a fair value hierarchy based on three levels of inputs, of which the first two are considered observable and the last unobservable, that may be used to measure fair value:

- 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 for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- 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 asset's or liability's 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.

Shares of registered investment companies (mutual funds) are reported at fair value based on quoted market prices, which represent the net asset value (NAV) of shares held by the Plan at year-end. Interest-bearing cash is valued at cost, which approximates fair value. Money market and other cash accounts are valued at cost, which approximates fair value. The valuation of U.S. government securities and corporate debt instruments is based primarily on underlying securities debt instruments that have observable Level 2 pricing inputs, including quoted prices from similar assets in active or inactive markets.

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 Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued daily. Dividends are recorded on the ex-dividend date. In the statement of changes in net assets available for benefits, the Plan presents the net appreciation (depreciation) in fair value of its investments, which consists of the realized gains or losses and unrealized appreciation or depreciation on those investments.

Note 2. Significant Accounting Policies

Subsequent events: The Plan Administrator has evaluated subsequent events through October 6, 2010, the date the financial statements were available to be issued.

New accounting pronouncements: In September 2009, the Financial Accounting Standards Board (FASB) issued an amendment which provides guidance on how entities should estimate fair value of certain alternative investments. The fair value of investments within the scope of this guidance can now be determined using NAV per share as a practical expedient, when the fair value is not readily determinable, unless it is probable the investment will be sold at something other than NAV. It also requires disclosure of certain attributes by major category of alternative investments, regardless of whether the practical expedient was used. This amendment was effective for periods ending after December 15, 2009, with early adoption permitted. See Note 4 for the impact of this adoption.

In January 2010, the FASB issued an update to the Accounting Standards Codification (ASC) which requires an entity to disclose separately the amounts of significant transfers in and out of Level 1 and Level 2 fair value measurements, and describe the reasons for the transfers. Also, it requires additional disclosure regarding purchases, sales, issuances and settlements of Level 3 measurements. The update is effective for interim and annual periods beginning after December 15, 2009, except for the additional disclosure of Level 3 measurements, which is effective for fiscal years beginning after December 15, 2010. The Company does not expect the adoption of this standard to have a material impact on the Plan's financial statements.

Note 3. Investment, Interest-Bearing Cash and Information Certified or Provided by Northern Trust, N.A. (Northern Trust)

The following is a summary of the investment information as of December 31, 2009 and 2008, and for the year ended December 31, 2009, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that the information provided to the Plan Administrator by the trustee related to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following investments.

The following presents the value of investments in this Plan that were certified by Northern Trust, as noted below. Investments that represent 5 percent or more of the net assets available for benefits as of December 31 are separately identified.

	2009	2008
Investments at fair value:		
Common stock	**$ 4,431,417**	$ 2,983,243
U.S. government securities	**860,803**	1,591,088
U.S. government agencies	**243,127**	-
Corporate bonds	**2,366,215**	2,603,218
Mutual funds:		
MFB Northern Funds Money Market Fund	**3,061,537**	2,698,485
Other	**659,131**	509,932
	$ 11,622,231	$ 10,385,966

Note 3. Investment, Interest-Bearing Cash and Information Certified or Provided by Northern Trust, N.A. (Northern Trust), Continued

In addition, the Plan has $1,051,550 and $683,870 of interest-bearing cash at December 31, 2009 and 2008, respectively, which was not certified or held by Northern Trust. Interest earned on this cash was $5,105 for 2009.

Additionally, the following table sets forth, by level, with the fair value hierarchy, the Plan's investments at fair value at December 31:

	2009			
Investment Category	Fair Value	Level 1	Level 2	Level 3
U.S. government securities	$ 860,803	$ -	$ 860,803	$ -
U.S. government agencies	243,127	-	243,127	-
Corporate debt instruments	2,366,215	-	2,366,215	-
Common stock, large cap, U.S.	4,051,599	4,051,599	-	-
Common stock, large cap, foreign	379,818	379,818	-	-
Mutual funds	3,720,669	3,720,669	-	-
	$ 11,622,231	$ 8,152,086	$ 3,470,145	$ -

	2008			
Investment Category	Fair Value	Level 1	Level 2	Level 3
U.S. government securities	$ 1,591,088	$ -	$ 1,591,088	$ -
Corporate debt instruments	2,603,218	-	2,603,218	-
Common stock, large cap, U.S.	2,782,920	2,782,920	-	-
Common stock, large cap, foreign	200,323	200,323	-	-
Mutual funds	3,208,417	2,706,126	502,291	-
	$ 10,385,966	$ 5,689,369	$ 4,696,597	$ -

During 2009 the Plan's investments, including investments bought, sold and held during the year, appreciated (depreciated) in fair value as follows:

U.S. government securities	$ (93,620)
Corporate bonds	141,144
Common stock	789,863
Mutual funds	151,307
	$ 988,694

Northern Trust certified the completeness and accuracy of $988,694 of net appreciation of fair value of investments and $275,344 of interest and dividends for the year ending December 31, 2009 for assets held by Northern Trust.

Note 4. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their account balance.

Note 5. Tax Status

The Internal Revenue Service has determined and informed the Company, in a letter dated April 8, 2002, that the Plan as then designed was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving this letter; however, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The Goodwin Ammonia Company Profit Sharing Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
December 31, 2009

Identity of Issue/Description	Face Value or Number of Shares/Units	Cost	Current Value
Interest-Bearing Cash			
City National Bank		$ 1,051,550	$ 1,051,550
		1,051,550	1,051,550
Common Stock, Northern Trust*			
ADR Bhp Billiton Ltd Sponsored	500	28,656	38,290
ADR Petroleo Brasileiro Sa Petrobras	3,600	39,597	171,648
ADR Nokia Corp Sponsored ADR	4,000	46,979	51,400
ADR Novartis Ag	1,000	49,691	54,430
Abbott Lab Com	1,500	82,627	80,985
Adobe Sys Inc Com	1,500	60,009	55,170
ADR Arcelormittal Sa Luxembourg N Y	1,400	90,555	64,050
Aflac Inc Com	3,000	67,474	138,750
Air Prod & Chem Inc Com	1,000	83,174	81,060
Altera Corp Com	4,000	67,200	90,520
Altria Group Inc Com	4,000	81,216	78,520
American Express Co	1,000	47,535	40,520
AT&T Inc Com	2,000	46,893	56,060
Bank of America Corp	2,000	59,936	30,120
Baxter Intl Inc Com	2,000	113,611	117,360
Becton Dickinson & Co Com	1,000	86,895	78,860
Berkshire Hathaway Inc Cl B Com	15	40,585	49,290
Chevron Corp Com	900	69,151	69,291
Cisco Systems Inc	2,000	53,602	47,880
Costco Wholesale Corp New Com	1,700	71,041	100,589
Covidien Plc Usd0.20	1,200	61,536	57,468
Devon Energy Corp New Com	1,000	37,946	73,500
Emerson Electric Co Com	2,000	90,066	85,200
Exelon Corp Com	2,000	114,050	97,740
Exxon Mobil Corp Com	800	48,392	54,552
FPL Group Inc Com	1,500	81,566	79,230
First Solar Inc Com	200	29,301	27,080
Freeport-Mcmoran Copper & Gold Inc	658	58,765	52,831
Frkln Res Inc Com	400	42,308	42,140
General Dynamics Corp Com	1,000	85,339	68,170
General Electric Co	2,475	86,394	37,447
Gilead Sciences Inc	1,600	24,768	69,248
Google Inc.	100	43,230	61,998
Hewlett Packard Co Com	1,500	50,028	77,265
Home Depot Inc Com	3,000	69,950	86,790
International Business Machs Corp Com	174	15,969	22,777
Subtotals		2,226,035	2,488,229

The Goodwin Ammonia Company Profit Sharing Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year), Continued
December 31, 2009

Identity of Issue/Description	Face Value or Number of Shares/Units	Cost	Current Value
Subtotals carried forward		$ 2,226,035	$ 2,488,229
ITT Corp Inc Com	1,000	36,512	49,740
Jacobs Engr Group Inc Com	1,800	112,806	67,698
Johnson & Johnson Com	1,439	76,989	92,686
JPMorgan Chase & Co Com	2,000	75,354	83,340
Kellogg Co Com	2,000	103,387	106,400
McDonalds Corp Com	1,000	57,980	62,440
Mcgraw Hill Companies Inc Com	2,000	77,236	67,020
Medco Health Solutions Inc Com	1,200	57,477	76,692
Microsoft Corp Com	2,593	70,954	79,061
Monsanto Co New Com	1,500	21,329	122,625
Nabors Industries Com Usd0.10	1,800	37,962	39,402
Noble Energy Inc Com	700	41,120	49,854
Pepsico Inc Com	1,500	103,350	91,200
Pfizer Inc Com Stk $.11 1/9 Par	6,000	108,848	109,140
PG&E Corp Com	2,500	96,753	111,625
Philip Morris Intl Inc Com	1,000	43,442	48,190
Procter & Gamble Co Com	2,000	115,425	121,260
Schlumberger Ltd Com Stk	500	27,987	32,545
Schwab Charles Corp Com New	2,000	47,140	37,640
Spectra Energy Corp Com Stk	4,000	103,805	82,040
Suncor Energy Inc New Com Stk	1,100	33,484	38,841
TJX Cos Inc Com New	1,500	48,580	54,825
United Parcel Svc Inc Cl B	650	46,829	37,291
US Bancorp	2,000	57,350	45,020
Verizon Communications Com	3,500	120,800	115,955
Wal-Mart Stores Inc Com	1,500	70,309	80,175
Wells Fargo & Co New Com Stk	1,500	40,928	40,483
		4,060,171	4,431,417

The Goodwin Ammonia Company Profit Sharing Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year), Continued
December 31, 2009

Identity of Issue/Description	Face Value or Number of Shares/Units	Cost	Current Value
U.S. Government Bonds, Northern Trust*			
United States Treas Nts 4.75 Due	50,000	$ 50,484	$ 54,254
United States Treas Nts Dtd 00109 4.5%	75,000	71,246	81,217
United States Treas Nts Dtd 00152	50,000	47,947	53,988
United States Treas Nts Dtd 00176 4.25%	50,000	50,791	52,406
United States Treas Nts Dtd 3.875 Due	50,000	48,542	53,250
United States Treas Nts Nt 4.25% Due	100,000	99,581	107,883
United States Treas Nts Nt 4.25% Due	425,000	414,252	457,805
		782,843	860,803
Government Agencies, Northern Trust*			
FHLMC DEB DTD 01/17/2003 4.5 01-15-2013	50,000	47,463	53,695
FHLMC NTS 5.125 07-15-2012	50,000	50,782	54,318
FHLMC Reference NT 5.5 09-15-2011	25,000	26,280	26,846
FNMA NT 4.875 12-15-2016	50,000	49,376	54,093
FNMA Preassign 00377 4.625 10-15-2014	50,000	49,195	54,175
		223,096	243,127
Corporate Bonds, Northern Trust*			
Astrazeneca Plc Nt 5.4% Due	200,000	204,186	219,281
Bellsouth Corp Nt 4.75% Due 11-15-2012	200,000	198,266	213,561
Caterpillar Finl Svcs Corp Sr Nt Dtd	25,000	24,854	25,332
Conocophillips Cda Fdg Co I Nt 5.625%	25,000	25,390	27,120
Conocophillips Co Nt 8.75 Due	80,000	87,328	82,665
Du Pont E I De 5% Due 07-15-2013	200,000	201,468	215,449
Gen Elec Cap Corp Medium Term Nts Bo	80,000	79,532	82,732
General Elec Co Nt 5% Due 02-01-2013	50,000	49,447	52,898
Intl Business Machs Corp Ibm Corp 4.75	80,000	78,802	85,948
Lehman Bros Hldgs Inc Mtn # Tr 00541	65,000	63,594	12,675
Lowes Cos Inc Nt 5% Due	200,000	198,932	216,578
Merck & Co Inc Merck & Co Nts Global	200,000	199,220	214,441
Pitney Bowes Inc Pitney Bowes Inc Nt	200,000	201,464	209,543
Procter & Gamble Co Nt 4.95% Due	200,000	205,312	217,598
Southn Cal Edison Co 5 Due 01-15-2016	115,000	112,390	119,895
Utd Technologies 6.1% Due 05-15-2012	75,000	77,160	82,016
Wachovia Corp Global Medium Term Sr Nts	80,000	78,397	81,314
Wal-Mart Stores Inc Wal-Mart Stores	200,000	201,594	207,169
		2,287,336	2,366,215

The Goodwin Ammonia Company Profit Sharing Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year), Continued
December 31, 2009

Identity of Issue/Description	Face Value or Number of Shares/Units	Cost	Current Value
Registered Investment Companies, Northern Trust*			
MFB Northn Multi-Manager Intl Eqty Fd	61,789	$ 605,942	$ 551,774
MFB Northn Multi-Manager Mid Cap Fd	10,092	100,471	94,659
MFC Ishares Tr Msci Emerging Mkts Index	306	6,944	12,699
MFB Northern Funds Money Market Fund	3,061,537	3,061,537	3,061,537
		3,774,894	3,720,669
		$ 11,128,340	$ 11,622,231

* Information has been certified and provided by Northern Trust, N.A. as noted.

The Goodwin Ammonia Company Profit Sharing Plan

Schedule H, Line 4j—Schedule of Reportable Transactions
December 31, 2009

Identity of Party Involved	Description of Asset	Number of Transactions	Transaction's Aggregate Purchase Price	Transaction's Aggregate Sale Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Income
Northern Trust, N.A.	MFB Northern Funds Money Mkt Fd	107	$ 1,234,801	$ -	$ 1,234,801	$ 1,234,801	$ -
Northern Trust, N.A.	MFB Northern Funds Money Mkt Fd	13	-	871,749	871,749	871,749	-

The above information has been certified and provided by Northern Trust, N.A.