# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2010**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**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. | 10/12/2011 | MARGARET R. SMITH |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/12/2011 | 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** | 156 |
| **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** | 88 |
| **b** | Retired or separated participants receiving benefits | **6b** | 22 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 46 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 156 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 6 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 162 |
| **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** | 1 |
| **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

**2010**

**This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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 2010

**2** Assets:

| | | | |
|---|---|---|---|
| **a** | Market value | **2a** | 2861595 |
| **b** | Actuarial value | **2b** | 2861595 |

**3** Funding target/participant count breakdown

| | | | **(1)** Number of participants | **(2)** Funding Target |
|---|---|---|---|---|
| **a** | For retired participants and beneficiaries receiving payment | **3a** | 24 | 445527 |
| **b** | For terminated vested participants | **3b** | 39 | 340993 |
| **c** | For active participants: | | | |
| | **(1)** Non-vested benefits | **3c(1)** | | 221446 |
| | **(2)** Vested benefits | **3c(2)** | | 1374994 |
| | **(3)** Total active | **3c(3)** | 93 | 1596440 |
| **d** | Total | **3d** | 156 | 2382960 |

**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** | 6.71 % |
| **6** | Target normal cost | **6** | 137566 |

**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**

Signature of actuary

10/10/2011
Date

GLORIA S. LESMEISTER
Type or print name of actuary

11-04830
Most recent enrollment number

BUCK CONSULTANTS, LLC
Firm name

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

1201 LOUISIANA ST. SUITE 750
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) | 131699 | 324619 |
| 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) | 131699 | 324619 |
| 10 | Interest on item 9 using prior year's actual return of 28.80 % | 37929 | 93490 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Excess contributions (Item 38 from prior year) | | 11349 |
| | b Interest on (a) using prior year's effective rate of 6.43 % | | 730 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 12079 |
| | d Portion of (c) to be added to prefunding balance | | 12079 |
| 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) | 169628 | 430188 |

## Part III Funding percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 94.91 % |
| 15 | Adjusted funding target attainment percentage | 15 | 120.08 % |
| 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 | 80.70 % |
| 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 |
|---|---|---|---|---|---|
| 04/15/2010 | 38711 | | | | |
| 07/14/2010 | 30952 | | | | |
| 10/13/2010 | 30952 | | | | |
| 01/13/2011 | 30952 | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 131567 | 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 | 0 |
| | b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 126269 |

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? [X] Yes [ ] 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: | |
|---|---|---|---|
| 5.03 % | 6.73 % | 6.82 % | ☐ N/A, full yield curve used |

**b** Applicable month (enter code) ..... **21b** 4

**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** 0

**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** 137566

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment ..... | 0 | 0 |
| **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** 0

**34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) ..... **34** 137566

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances used to offset funding requirement ..... | 11297 | 0 | 11297 |

**36** Additional cash requirement (item 34 minus item 35) ..... **36** 126269

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) ..... **37** 126269

**38** Interest-adjusted excess contributions for current year (see instructions) ..... **38** 0

**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

**2010**

**This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**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) | 42946 | 30952 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 3415 | 4569 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 11428 | 7036 |
| **(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) | 2816439 | 3243939 |
| **(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 | 2874228 | 3286496 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | 12552 | 8210 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 12552 | 8210 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 2861676 | 3278286 |

## 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) | 131567 | |
| | **(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) | | 131567 |
| **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) | 77932 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 77932 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 800089 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 776067 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 24022 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | 231718 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 231718 |
| (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 | | 465239 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 48629 | |
| (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) | | 48629 |
| **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 | | 48629 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 416610 |
| **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

**2010**

**This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**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** 0

## 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, 2010**

Agrifos Fertilizer Hourly Retirement Plan

December 31, 2010

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PANNELL KERR FORSTER OF TEXAS, P.C.

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## 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, 2010 and 2009 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, 2010. 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, 2010 and 2009 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 21, 2011

Agrifos Fertilizer Hourly Retirement Plan

Statements of Net Assets Available for Benefits

| | December 31, 2010 | December 31, 2009 |
|---|---|---|
| **Assets** | | |
| Cash | $ 7,036 | $ 11,428 |
| Investments at fair value | | |
| Money market fund | - | 41,677 |
| Mutual funds | 3,243,939 | 2,774,761 |
| Total investments at fair value | 3,243,939 | 2,816,438 |
| Receivables | | |
| Employer contributions receivable | 30,952 | 42,946 |
| Total assets | 3,281,927 | 2,870,812 |
| **Liabilities** | | |
| Payable for pending purchases of investments | 3,641 | 9,137 |
| Net assets available for benefits | $ 3,278,286 | $ 2,861,675 |

*See notes to financial statements.*

Agrifos Fertilizer Hourly Retirement Plan

Statements of Changes in Net Assets Available for Benefits

| | Year Ended December 31, | |
|---|---|---|
| | 2010 | 2009 |
| Additions to net assets | | |
| Investment income | | |
| Dividends and interest | $ 77,932 | $ 63,912 |
| Net appreciation in fair value of investments | 255,741 | 551,719 |
| Total investment income | 333,673 | 615,631 |
| Employer contributions | 131,567 | 173,337 |
| Total additions | 465,240 | 788,968 |
| Deductions from net assets | | |
| Benefit payments to participants | 48,629 | 75,592 |
| Net increase in net assets available for benefits | 416,611 | 713,376 |
| Net assets available for benefits, beginning of year | 2,861,675 | 2,148,299 |
| Net assets available for benefits, end of year | $ 3,278,286 | $ 2,861,675 |

*See notes to financial statements.*

Agrifos Fertilizer Hourly Retirement Plan

Notes to Financial Statements

December 31, 2010

## 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-CFL 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, 2010

**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 ("GAAP").

Recent accounting pronouncement

The Financial Accounting Standards Board ("FASB") issued new guidance in 2010 to clarify certain existing fair value disclosures and requires a number of additional disclosures. The reporting entity is required to disclose information about inputs and valuation techniques for fair value measurements that fall in either level 2 or level 3 and the disclosure of the amounts and reasons for any significant transfers between levels 1 and 2 fair value measurements. The guidance is effective for reporting periods beginning after December 15, 2009. The guidance also requires the disclosure of information regarding purchases, sales, issuances and settlements of level 3 assets and liabilities be presented on a gross basis. This guidance is effective for the fiscal year beginning after December 15, 2010.

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.

Agrifos Fertilizer Hourly Retirement Plan

Notes to Financial Statements

December 31, 2010

**Note 2 - Summary of Significant Accounting Policies (Continued)**

Valuation of investments and income recognition (continued)

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 2010 and 2009, the Plan's expenses were paid by the Plan Sponsor.

Use of estimates

The preparation of financial statements in accordance with GAAP 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

**Note 3 - Fair Value Measurements (Continued)**

- 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.

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, 2010 are as follows:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Investments | | | | |
| Mutual funds | | | | |
| Bank loan fund | $ 258,637 | $ - | $ - | $ 258,637 |
| Inflation-protected bond fund | 106,501 | - | - | 106,501 |
| Intermediate-term bond funds | 727,588 | - | - | 727,588 |
| International funds | 306,072 | - | - | 306,072 |
| Large blend funds | 253,176 | - | - | 253,176 |
| Large growth funds | 463,874 | - | - | 463,874 |
| Large value fund | 249,746 | - | - | 249,746 |
| Mid-cap growth fund | 164,181 | - | - | 164,181 |
| Mid-cap value fund | 154,734 | - | - | 154,734 |
| Short-term bond fund | 439,133 | - | - | 439,133 |
| Small-cap growth fund | 76,818 | - | - | 76,818 |
| Small-value growth fund | 43,479 | - | - | 43,479 |
| Total investments | $ 3,243,939 | $ - | $ - | $3,243,939 |

**Note 3 - Fair Value Measurements (Continued)**

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 | - | - | 427,393 |
| 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 |

**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. Adequate contributions to satisfy the minimum funding requirements under ERISA were made for 2010 and 2009.

**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.

**Note 5 - Plan Termination and PBGC Matters (Continued)**

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.

**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.

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

The most recent actuarial valuation was prepared as of January 1, 2010 for the year ended December 31, 2010. The actuarial present value of accumulated plan benefits is as follows:

| | December 31, 2010 | December 31, 2009 |
|---|---|---|
| Vested benefits | | |
| Retired participants | $ 466,999 | $ 376,378 |
| Terminated participants | 401,208 | 435,321 |
| Active participants | 1,508,503 | 1,346,555 |
| Total vested benefits | 2,376,710 | 2,158,254 |
| Nonvested benefits | 256,461 | 234,976 |
| Total actuarial present value of accumulated plan benefits | $ 2,633,171 | $ 2,393,230 |

The changes in the actuarial present value of accumulated plan benefits during 2010 and 2009 are as follows:

| | Year Ended December 31, 2010 | Year Ended December 31, 2009 |
|---|---|---|
| Actuarial present value of accumulated plan benefits at beginning of year | $ 2,393,230 | $ 1,627,027 |
| Changes during the year attributable to: | | |
| Additional accrual | 182,083 | 168,321 |
| Benefits paid | (83,274) | (45,339) |
| Interest cost | 141,132 | 128,383 |
| Change in assumptions | - | 514,838 |
| Net increase | 239,941 | 766,203 |
| Actuarial present value of accumulated plan benefits at end of year | $ 2,633,171 | $ 2,393,230 |

Significant assumptions underlying the actuarial computations are as follows:

| | |
|---|---|
| Discount rate | 6% compounded |
| Mortality | 2010 Combined Static Mortality table with separate rates for males and females - 2010<br>2009 Combined Static Mortality table with separate rates for males and females - 2009 |
| 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 |

Agrifos Fertilizer Hourly Retirement Plan

Notes to Financial Statements

December 31, 2010

## Note 7 - Income Tax Status

The Plan obtained its determination letter dated July 24, 2009, in which the Internal Revenue Service ("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, 2010 and 2009.

GAAP requires plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

## Note 8 - Investments

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

| | 2010 | 2009 |
|---|---|---|
| Artio Total Return Bond Fund I | $ 363,862 | $ 278,573 |
| Davis New York Venture Fund Class Y | 185,705 | 159,112 |
| Dodge & Cox Stock Fund | 249,746 | 210,194 |
| Eaton Vance Floating Rate Fund Class I | 258,637 | 286,631 |
| Goldman Sachs Core Fixed Income Fund Class I | 363,726 | 281,137 |
| Munder Mid-Cap Core Growth Fund | 164,181 | (a) |
| Nuveen Winslow Large-Cap Growth Fund I | 211,036 | - |
| T Rowe Price Institutional Large-Cap Growth Fund | 252,838 | 229,262 |
| Transamerica Equity Fund Class I | - | 198,131 |
| Vanguard Short-Term Investment Grade Fund Admiral | 439,133 | 363,937 |

(a) Investment does not represent 5% or more of the Plan's net assets available for benefits as of December 31, 2009.

During 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $255,741 and $551,719, respectively.

**Note 9 - Information Certified by the Trustee (Unaudited)**

For Plan years 2010 and 2009, the financial information included in the Plan's financial statements and supplemental schedules, except for contributions receivable, contributions, and distributions, has been derived from information certified as complete and accurate by the Trustee, in accordance with 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

**Note 10 - Subsequent Events**

Management has evaluated subsequent events as of September 21, 2011, 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**

**Agrifos Fertilizer Hourly Retirement Plan**
**EIN / PIN 30-0164117 / 001**

## Schedule SB, Part V - Summary of Plan Provisions

### 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. |

**Agrifos Fertilizer Hourly Retirement Plan**
**EIN / PIN 30-0164117 / 001**

## Schedule SB, Part V - Summary of Plan Provisions

### 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.

**Agrifos Fertilizer Hourly Retirement Plan**
**EIN / PIN 30-0164117 / 001**

**Schedule SB, Line 26 - Schedule of Active Participant Data**

| AGE | 0-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| **Under 25** | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| **25-29** | 7 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 12 |
| **30 - 34** | 9 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 11 |
| **35 - 39** | 6 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 |
| **40 - 44** | 4 | 5 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 10 |
| **45 - 49** | 0 | 4 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 7 |
| **50 - 54** | 3 | 2 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |
| **55 - 59** | 0 | 0 | 13 | 0 | 0 | 0 | 0 | 0 | 0 | 13 |
| **60 - 64** | 0 | 1 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 13 |
| **65 - 69** | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| **70+** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 35 | 23 | 35 | 0 | 0 | 0 | 0 | 0 | 0 | 93 |

**Agrifos Fertilizer Hourly Retirement Plan**
**EIN/PIN 30-0164117 / 001**

## Schedule SB, line 22 – Description of Weighted Average Retirement Age

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

**Agrifos Fertilizer Hourly Retirement Plan**
**EIN / PN: 30-0164117 / 001**

## Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

### *Economic Assumptions*

#### Interest rate

Funding:

| | |
|---|---|
| Current Year: | |
| First Segment Rate | 5.03% |
| Second Segment Rate | 6.73% |
| Third Segment Rate | 6.82% |
| Effective Interest Rate | 6.71% |
| Prior Year: | |
| First Segment Rate | 5.17% |
| Second Segment Rate | 6.28% |
| Third Segment Rate | 6.62% |
| Effective Interest Rate | 6.43% |

#### Salary increase assumptions

None.

## Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

### *Non-economic Assumptions*

**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 the same age as their wives.

**Mortality**

Current Year:
The IRS 2010 Combined Static Mortality Table for small plans was used in the funding valuation and accounting valuations.

Prior Year:
The IRS 2009 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.

## Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

### *Non-economic Assumptions (continued)*

**Timing of Payment**

Active Withdrawal: The earlier of age 62 after completing 20 years of service or age 65.

Vested Terminated Participants: Deferred to 65.

### *Methods*

**Asset valuation method**

Assets are valued using the market value as of the valuation date as elected by the plan sponsor. For Funding purposes, the discounted value of accrued contributions, if any, is included in the valuation assets.

**Agrifos Fertilizer Hourly Retirement Plan**
**EIN/PIN 30-0164117 / 001**

## Schedule SB, line 25 – Change in Method

### Summary of Changes from the January 1, 2009 Valuation

The plan sponsor elected to change the interest rates used to value liabilities from the 3-segment rates with a two month lookback to the 3-segment rates with a four month lookback. This change receives automatic approval from the IRS.

# 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

**2010**

**This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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 2010

| | | | | |
|---|---|---|---|---|
| **2** | Assets: | | | |
| | **a** Market value | | **2a** | 2,861,595 |
| | **b** Actuarial value | | **2b** | 2,861,595 |
| **3** | Funding target/participant count breakdown | | (1) Number of participants | (2) Funding Target |
| | **a** For retired participants and beneficiaries receiving payment | **3a** | 24 | 445,527 |
| | **b** For terminated vested participants | **3b** | 39 | 340,993 |
| | **c** For active participants: | | | |
| | (1) Non-vested benefits | **3c(1)** | | 221,446 |
| | (2) Vested benefits | **3c(2)** | | 1,374,994 |
| | (3) Total active | **3c(3)** | 93 | 1,596,440 |
| | **d** Total | **3d** | 156 | 2,382,960 |
| **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** | 6.71 % |
| **6** | Target normal cost | | **6** | 137,566 |

**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 Gloria S Lesmeister — Signature of actuary

10/10/2011 — Date

Gloria S. Lesmeister — Type or print name of actuary

11-04830 — Most recent enrollment number

Buck Consultants, LLC — Firm name

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

1201 Louisiana St. Suite 750

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) | 131,699 | 324,619 |
| 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) | 131,699 | 324,619 |
| 10 | Interest on item 9 using prior year's actual return of 28.80 % | 37,929 | 93,490 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Excess contributions (Item 38 from prior year) | | 11,349 |
| | b Interest on (a) using prior year's effective rate of 6.43 % | | 730 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 12,079 |
| | d Portion of (c) to be added to prefunding balance | | 12,079 |
| 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) | 169,628 | 430,188 |

## Part III Funding percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 94.91 % |
| 15 | Adjusted funding target attainment percentage | 15 | 120.08 % |
| 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 | 80.70 % |
| 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 |
|---|---|---|---|---|---|
| 04/15/2010 | 38,711 | | | | |
| 07/14/2010 | 30,952 | | | | |
| 10/13/2010 | 30,952 | | | | |
| 01/13/2011 | 30,952 | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 131,567 | 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 | 0 |
| | b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 126,269 |

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? [X] Yes [ ] 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: | |
|---|---|---|---|
| 5.03 % | 6.73 % | 6.82 % | ☐ N/A, full yield curve used |

**b** Applicable month (enter code) — **21b**: 4

**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**: 0

**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**: 137,566

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **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**: 0

**34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) — **34**: 137,566

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances used to offset funding requirement | 11,297 | 0 | 11,297 |

**36** Additional cash requirement (item 34 minus item 35) — **36**: 126,269

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — **37**: 126,269

**38** Interest-adjusted excess contributions for current year (see instructions) — **38**: 0

**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 Hourly Retirement Plan**
**E.I.N. 30-0164117**
**Plan 001**

**Schedule H, line 4i - Schedule of Assets Held at End of Year**
**December 31, 2010**

| 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 | $ 7,036 | $ 7,036 |
| | American Beacon Small Cap Value Fund Class I | Mutual Fund | 33,008 | 43,479 |
| | American Europacific Growth Fund F2 | Mutual Fund | 110,733 | 151,648 |
| | Artio International Equity Fund II | Mutual Fund | 135,632 | 154,424 |
| | Artio Total Return Bond Fund I | Mutual Fund | 358,044 | 363,862 |
| | Buffalo Small Cap Fund | Mutual Fund | 49,091 | 76,818 |
| | Davis New York Venture Fund Class Y | Mutual Fund | 152,202 | 185,705 |
| | Dodge & Cox Stock Fund | Mutual Fund | 225,918 | 249,746 |
| | Eaton Vance Floating Rate Fund Class I | Mutual Fund | 244,891 | 258,637 |
| | Goldman Sachs Core Fixed Income Fund Class I | Mutual Fund | 346,413 | 363,726 |
| | Goldman Sachs Mid-Cap Value Fund Class I | Mutual Fund | 125,611 | 154,734 |
| | Munder Mid-Cap Core Growth Fund Y | Mutual Fund | 125,228 | 164,181 |
| | Nuveen Winslow Large-Cap Growth Fund I | Mutual Fund | 189,417 | 211,036 |
| | T Rowe Price Institutional Large-Cap Growth Fund | Mutual Fund | 191,035 | 252,838 |
| | Vanguard Inflation-Protected Securities Fund Admiral | Mutual Fund | 102,049 | 106,501 |
| | Vanguard Institutional Index Fund Class I | Mutual Fund | 62,808 | 67,471 |
| | Vanguard Short-term Investment Grade Fund Admiral | Mutual Fund | 424,630 | 439,133 |

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

**Schedule H, line 4j - Schedule of Reportable Transactions**
**Year Ended December 31, 2010**

| 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 transactions:** | | | | | | |
| Nuveen Winslow Large-Cap Growth Fund I | Mutual Fund | $ 185,989 | $ - | $ 185,989 | $ 185,989 | $ - |
| Transamerica WMC Diversified Growth I2 | Mutual Fund | - | 210,510 | 188,362 | 210,510 | 22,148 |
| **Series of transactions:** | | | | | | |
| Nuveen Winslow Large-Cap Growth Fund I | Mutual Fund | 200,715 | - | 200,715 | 200,715 | - |
| Nuveen Winslow Large-Cap Growth Fund I | Mutual Fund | - | 11,522 | 11,298 | 11,522 | 224 |
| Transamerica WMC Diversified Growth I2 | Mutual Fund | 2,253 | - | 2,253 | 2,253 | - |
| Transamerica WMC Diversified Growth I2 | Mutual Fund | - | 212,991 | 190,682 | 212,991 | 22,309 |
| Artio Total Return Bond Fund I | Mutual Fund | 115,567 | - | 115,567 | 115,567 | - |
| Artio Total Return Bond Fund I | Mutual Fund | - | 27,526 | 25,946 | 27,526 | 1,580 |
| Vanguard Short-Term Investment Grade Fund Admiral | Mutual Fund | 137,788 | - | 137,788 | 137,788 | - |
| Vanguard Short-Term Investment Grade Fund Admiral | Mutual Fund | - | 69,904 | 67,269 | 69,904 | 2,635 |