Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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.	10/15/2013	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

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

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

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**	125
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**	114
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	1
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	115
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	115
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	115
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** ☒ **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information – Small Plan)
- **(3)** ☐ 0 **A** (Insurance Information)
- **(4)** ☒ **C** (Service Provider Information)
- **(5)** ☐ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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)

MCGLADREY LLP

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	12500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST

16 CORPORATE PLAZA
FIFTH FLOOR
NEWPORT BEACH, CA 92660

36-1561860

(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?
28	NONE	11005	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 [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	57987	48487
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	449562	334745
(2) U.S. Government securities	1c(2)	3855826	3147730
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	2226325	3061990
(B) All other	1c(3)(B)	245623	48445
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	6156814	6710653
(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)	0	0
(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)	1549200	2189031
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	202871	264167

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	14744208	15805248
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	14744208	15805248

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)	700000	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		700000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	858	
(B) U.S. Government securities	2b(1)(B)	72069	
(C) Corporate debt instruments	2b(1)(C)	96400	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	3625	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		172952
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	189922	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	18791	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		208713
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	5460606	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5381781	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		78825
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	574897	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		574897

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		152317
c Other income	2c		481
d Total income. Add all **income** amounts in column (b) and enter total	2d		1888185
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	798980	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		798980
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	40	
(2) Contract administrator fees	2i(2)	4620	
(3) Investment advisory and management fees	2i(3)	11005	
(4) Other	2i(4)	12500	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		28165
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		827145
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1061040
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: MCGLADREY LLP **(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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		100000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Goodwin Ammonia Company Profit Sharing Plan

Financial Report
December 31, 2012



Assurance ▪ Tax ▪ Consulting

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McGladrey

Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Goodwin Ammonia Company Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 the information summarized in Note 3 to the financial statements, which was certified or provided by Northern Trust Company, the custodian of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the custodian as of December 31, 2012 and 2011, and for the year ended December 31, 2012, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

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

Other Matter

The supplemental schedules of assets (held at end of year) and reportable transactions as of December 31, 2012 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, presented for the purposes of additional analysis and not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance With the Department of Labor's Rules and Regulations

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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McGladrey LLP

Los Angeles, CA
October 14, 2013

The Goodwin Ammonia Company Profit Sharing Plan

Statements of Net Assets Available for Benefits
December 31, 2012 and 2011

	2012	2011
Assets		
Interest-bearing cash, nonparticipant-directed	**$ 334,746**	$ 449,562
Investments, nonparticipant-directed (Note 3)	**15,422,015**	14,236,659
Total investments	**15,756,761**	14,686,221
Accrued interest and dividends receivable	**48,487**	57,987
Net assets available for benefits	**$ 15,805,248**	$ 14,744,208

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, 2012

Additions to net assets attributed to:	
Investment income (Note 3):	
Net appreciation in fair value of investments	$ 806,520
Interest and dividends	381,665
	1,188,185
Employer contributions	700,000
Total additions	1,888,185
Deductions from net assets attributed to:	
Benefits paid	798,980
Administrative expenses	28,165
Total deductions	827,145
Net increase	1,061,040
Net assets available for benefits:	
Beginning of year	14,744,208
End of year	$ 15,805,248

See Notes to Financial Statements.

Note 1. Plan Description

Nature of operations: 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).

Participant accounts: Each participant's account is credited with an allocation of (a) the Company's contribution, (b) Plan earnings/losses, net of administrative expenses, 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, 2012, the Company's total contribution to the Plan was $700,000.

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 or allocated to participants in the same manner as employer contributions. During the year ended December 31, 2012, forfeitures allocated to participants totaled $27,037. There were no unallocated forfeitures remaining at December 31, 2012 or 2011.

Administrative expenses: Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. The Plan document allows that the Company may elect to pay other administrative expenses associated with the Plan. For the Plan year ended December 31, 2012, the Plan paid $28,165 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 statements 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.

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 common stock and registered investment companies (mutual funds) are reported at fair value based on quoted market prices. The valuation of U.S. government securities and corporate debt instruments is based primarily on underlying securities debt instruments that have observable 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 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 (Continued)

Subsequent events: The Plan Administrator has evaluated subsequent events through October 14, 2013, the date the financial statements were available to be issued.

Recent accounting pronouncement: In October 2012, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2012-04, *Technical Corrections and Improvements*. The amendments in this ASU cover a wide range of Accounting Standards Codification (ASC) Topics, including Plan accounting. These amendments included technical corrections and improvements to the ASC and conforming amendments related to fair value measurements. The amendments in the Update will generally be effective for fiscal periods beginning after December 15, 2013 for non-public entities, except for amendments in this Update where there was no transition guidance, which were immediately effective upon issuance. The adoption is immediately effective and amendments were not significant to these financial statements. The adoption of ASU 2012-04 is not expected to have a material impact on subsequent periods.

Note 3. Investments and Information Certified or Provided by Northern Trust Company

The following is a summary of the Plan's asset information as of December 31, 2012 and 2011, and for the year ended December 31, 2012, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by Northern Trust Company (Northern Trust), the custodian of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that information provided to the Plan Administrator by the custodian related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 information that appears throughout the financial statements and supplemental schedule related to the following assets.

The Plan's investments that individually represent 5 percent or more of the Plan's net assets available for benefits at December 31, 2012 and 2011 are separately identified.

	2012	2011
Investments at fair value:		
Common stock	$ 6,710,653	$ 6,156,814
U.S. government securities	1,707,765	2,461,418
U.S. government agencies	1,439,965	1,394,408
Corporate bonds	3,110,435	2,471,948
Mutual funds:		
Other	2,453,197	1,752,071
	$ 15,422,015	$ 14,236,659

Note 3. Investments and Information Certified or Provided by Northern Trust Company (Continued)

During 2012 the Plan's investments, including investments bought, sold and held during the year, appreciated in fair value as follows:

U.S. government securities	$ (26,150)
Corporate bonds	124,707
Common stock	553,855
Mutual funds	152,316
Other	1,791
	$ 806,520

Northern Trust certified the completeness and accuracy of $381,665 of interest and dividends and $806,520 of net appreciation of fair value of investments for the year ended December 31, 2012 for assets held by Northern Trust. There were no transfers in or out of Level 1, 2 or 3 during the years ended December 31, 2012 or 2011.

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

	2012			
Investment Category	Fair Value	Level 1	Level 2	Level 3
U.S. government securities	$ 1,707,765	$ -	$ 1,707,765	$ -
U.S. government agencies	1,439,965	-	1,439,965	-
Corporate debt instruments	3,110,435	-	3,110,435	-
Common stock, large cap, U.S.	6,466,393	6,466,393	-	-
Common stock, large cap, foreign	244,260	244,260	-	-
Mutual funds	2,453,197	2,453,197	-	-
	$ 15,422,015	$ 9,163,850	$ 6,258,165	$ -

	2011			
Investment Category	Fair Value	Level 1	Level 2	Level 3
U.S. government securities	$ 2,461,418	$ -	$ 2,461,418	$ -
U.S. government agencies	1,394,408	-	1,394,408	-
Corporate debt instruments	2,471,948	-	2,471,948	-
Common stock, large cap, U.S.	5,936,529	5,936,529	-	-
Common stock, large cap, foreign	220,285	220,285	-	-
Mutual funds	1,752,071	1,752,071	-	-
	$ 14,236,659	$ 7,908,885	$ 6,327,774	$ -

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 4j—Schedule of Reportable Transactions
December 31, 2012

Description of Asset	Transaction's Aggregate Purchase Price	Transaction's Aggregate Sale Price	Cost of Asset	Current Value of Asset on Transaction	Net Gain
Series of transactions in the same security:					
MFB Northern Funds Money Mkt Fd	$ 3,239,416	N/A	$ 3,239,416	$ 3,239,416	$ -
MFB Northern Funds Money Mkt Fd	N/A	$ 2,746,771	2,746,771	2,746,771	-

The above information has been certified and provided by Northern Trust Company.

The Goodwin Ammonia Company Profit Sharing Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
December 31, 2012

Identity of Issuer/Description	Cost	Current Value
Interest-bearing cash:		
City National Bank	$ 334,746	$ 334,746
Other investments, per detail pages attached *	13,914,407	15,422,015
Total	$ 14,249,153	$ 15,756,761

* The above information has been certified as complete and accurate by Northern Trust Company.

The Goodwin Ammonia Company Profit Sharing Plan

Schedule H, Line 4j—Schedule of Reportable Transactions
December 31, 2012

Description of Asset	Transaction's Aggregate Purchase Price	Transaction's Aggregate Sale Price	Cost of Asset	Current Value of Asset on Transaction	Net Gain
Series of transactions in the same security:					
MFB Northern Funds Money Mkt Fd	$ 3,239,416	N/A	$ 3,239,416	$ 3,239,416	$ -
MFB Northern Funds Money Mkt Fd	N/A	$ 2,746,771	2,746,771	2,746,771	-

The above information has been certified and provided by Northern Trust Company.

Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
U.S. Government Securities			
United States - USD			
FANNIE MAE 0.5 DUE 09-28-2015 CUSIP: 3135G0NV1	50,000.00	50,036.65	50,157.75
FEDERAL HOME LN BKS .375 DUE 11-27-2013 REG CUSIP: 3133762C8	75,000.00	74,907.23	75,131.85
FEDERAL HOME LN BKS TRANCHE 1 DUE 06-21-2017 REG CUSIP: 313379DD8	100,000.00	101,010.20	101,140.70
FEDERAL HOME LN MTG CORP 2 DUE 03-21-2019 CUSIP: 3134G3RL6	65,000.00	65,000.00	65,216.64
FHLB BD 3.625 10-18-2013 CUSIP: 3133XSAE8	200,000.00	211,021.80	205,434.40
FHLMC DEB DTD 01/17/2003 4.5 01-15-2013 CUSIP: 3134A4SA3	50,000.00	47,462.90	50,079.05
FHLMC MTN 2.875 02-09-2015 CUSIP: 3137EACH0	125,000.00	125,475.37	131,700.75
FHLMC PREASSIGN 00079 1.75 05-30-2019 CUSIP: 3137EADG1	75,000.00	76,692.68	77,584.57
FHLMC 1.5 11-13-2017 CUSIP: 3134G3T42	65,000.00	66,287.00	66,256.58
FNMA FNMA 3.25 04-09-2013 CUSIP: 31398AMW9	200,000.00	208,905.40	201,724.00
FNMA NT 4.875 12-15-2016 CUSIP: 31359M2D4	50,000.00	49,375.55	58,256.65
FNMA PREASSIGN 00377 4.625 10-15-2014 CUSIP: 31359MWJ8	50,000.00	49,194.90	53,868.90
FNMA 2.75 02-05-2014 CUSIP: 31398AVD1	200,000.00	203,489.40	205,728.40
GNMA POOL #005228 3.5% 11-20-2026 BEO CUSIP: 36202FYZ3	55,945.27	59,808.98	59,880.68
GNMA POOL #782520 5.5% 12-15-2038 BEO CUSIP: 36241KYR3	34,449.16	38,636.88	37,804.02
UNITED STATES NTS06/15/2010 1.125% 06/15/2013 CUSIP: 912828NH9	75,000.00	75,469.00	75,339.82
UNITED STATES TREAS NTS .625 09-30-2017 REG CUSIP: 912828TS9	50,000.00	49,908.37	49,910.15
UNITED STATES TREAS NTS DTD 00176 4.25% DUE 11-15-2017 REG CUSIP: 912828HH6	25,000.00	25,395.51	29,273.45

** All or a portion of this security participates in Securities Lending.

Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
U.S. Government Securities			
United States - USD			
UNITED STATES TREAS NTS DTD 00302 1.75% DUE 07-31-2015 REG CUSIP: 912828NP1	120,000.00	122,086.34	124,387.44
UNITED STATES TREAS NTS DTD 00347 .75% DUE 03-31-2013 REG CUSIP: 912828QL7	50,000.00	50,150.56	50,080.10
UNITED STATES TREAS NTS DTD 00410 .75% DUE 06-30-2017 REG CUSIP: 912828TB6	75,000.00	75,615.49	75,445.35
UNITED STATES TREAS NTS DTD 05-17-2010 1.375 DUE 05-15-2013 CUSIP: 912828NC0	100,000.00	100,773.77	100,464.80
UNITED STATES TREAS NTS DTD 10/31/2012 .25% DUE 10-31-2014 REG CUSIP: 912828TU4	65,000.00	64,939.28	65,015.21
UNITED STATES TREAS NTS NT 4.25% DUE 11-15-2014 REG CUSIP: 912828DC1	100,000.00	96,960.00	107,425.80
UNITED STATES TREAS NTS T-NOTE 1.25% DUE08-31-2015 REG CUSIP: 912828NV8	80,000.00	79,047.14	81,943.76
UNITED STATES TREAS NTS TNOTE 1 DUE 08-31-2016 REG CUSIP: 912828RF9	65,000.00	65,492.80	66,239.03
UNITED STATES TREAS NTS 2% DISC NT 30/11/2013 USD1000 2% DUE 11-30-2013 REG CUSIP: 912828JT8	75,000.00	77,086.19	76,236.30
US TREAS NTS .25 DUE 07-15-2015 REG CUSIP: 912828TD2	50,000.00	49,939.62	49,917.95
US TREAS NTS .625 DUE 04-30-2013 CUSIP: 912828QE3	100,000.00	100,282.56	100,175.80
US TREAS NTS DTD 00314 0.5 DUE 10-15-2013 REG CUSIP: 912828PB0	50,000.00	49,888.84	50,128.90
US TREAS NTS T-NT 4.75 DUE 08-15-2017 BEO CUSIP: 912828HA1	5,000.00	5,048.44	5,936.33
US TREAS NTS 00377 .25 DUE 11-30-2013 REG CUSIP: 912828RS1	50,000.00	50,011.89	50,029.30
US TREAS NTS 1.875 DUE 09-30-2017 REG CUSIP: 912828PA2	50,000.00	47,170.12	52,796.90
US TREAS NTS 2.375 DUE 07-31-2017 REG CUSIP: 912828NR7	75,000.00	73,377.25	80,876.92
UTD STATES TREAS .75% DUE 09-15-2013 CUSIP: 912828NY2	50,000.00	49,826.34	50,209.00
UTD STATES TREAS CPN .25 DUE 05-31-2014 CUSIP: 912828SW1	290,000.00	289,936.52	290,136.01

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Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
U.S. Government Securities			
United States - USD			
UTD STATES TREAS 1.25% DUE 02-15-2014 CUSIP: 912828QH6	50,000.00	51,052.90	50,580.10
UTD STATES TREAS 1.75% DUE 05-15-2022 CUSIP: 912828SV3	25,000.00	25,346.78	25,216.80
Total United States - USD		**3,102,110.65**	**3,147,730.16**
Total U.S. Government Securities		**3,102,110.65**	**3,147,730.16**
Corporate Debt Instruments - Preferred			
Australia - USD			
BHP BILLITON FIN 1.625% DUE 02-24-2017 CUSIP: 055451AP3	60,000.00	59,836.80	61,355.10
NATIONAL AUSTRALIA BK LIMITED 1.6 DUE 08-07-2015 CUSIP: 63254AAC2	70,000.00	69,955.20	71,051.40
RIO TINTO FIN USA 3.75% DUE 09-20-2021 CUSIP: 767201AQ9	60,000.00	63,615.60	64,157.94
WESTPAC BKG CORP 3% DUE 12-09-2015 CUSIP: 961214BP7	50,000.00	49,947.00	53,031.30
Total Australia - USD		**243,354.60**	**249,595.74**
Canada - USD			
BK MNTRL MED TERM SENR NTS BK EN TRANCHE# TR 743 DTD 1-11-12 2.5 1-11-17 CUSIP: 06366QW86	25,000.00	24,948.75	26,205.92
BK NOVA SCOTIA B C .75% DUE 10-09-2015 CUSIP: 064159BA3	65,000.00	64,998.05	64,643.93
ROYAL BK CDA GLOBAL MEDIUM TERM SR BK NTTRANCHE # TR 320 .8 DUE 10-30-2015 CUSIP: 78008SPH3	135,000.00	134,967.60	134,844.75
ROYAL BK OF CDA 1.2 DUE 09-19-2017 CUSIP: 78011DAC8	65,000.00	64,993.50	65,156.00
Total Canada - USD		**289,907.90**	**290,850.60**
France - USD			
SOCIETE GENERALE 2.75 10-12-2017 CUSIP: 83368RAC6	65,000.00	64,948.65	66,119.43

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Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Debt Instruments - Preferred			
France - USD			
TOTAL CAP INTL 2.7% DUE 01-25-2023 CUSIP: 89153VAE9	50,000.00	49,893.50	50,936.40
Total France - USD		**114,842.15**	**117,055.83**
Japan - USD			
NIPPON TELEG & TEL CORP 1.4 DUE 07-18-2017 REG CUSIP: 654624AE5	65,000.00	64,912.25	65,786.30
Total Japan - USD		**64,912.25**	**65,786.30**
Mexico - USD			
AMERICA MOVIL SAB DE CV 3.125 DUE 07-16-2022 REG CUSIP: 02364WBD6	65,000.00	65,183.91	66,069.12
Total Mexico - USD		**65,183.91**	**66,069.12**
Netherlands - USD			
SHELL INTL FIN B V 2.25% DUE 01-06-2023 CUSIP: 822582AV4	95,000.00	94,040.50	93,853.73
Total Netherlands - USD		**94,040.50**	**93,853.73**
Norway - USD			
STATOIL ASA 2.45 DUE 01-17-2023 REG CUSIP: 85771PAG7	100,000.00	100,270.43	99,765.80
Total Norway - USD		**100,270.43**	**99,765.80**
United Kingdom - USD			
ABBEY NATL TREAS 4% DUE 04-27-2016 CUSIP: 002799AJ3	65,000.00	65,229.50	68,729.50
ASTRAZENECA PLC 5.4% DUE 06-01-2014 CUSIP: 046353AA6	50,000.00	51,046.50	53,430.45
BP CAP MKTS P L C 3.245 DUE 05-06-2022 CUSIP: 05565QBZ0	50,000.00	50,000.00	52,675.35
HSBC HLDGS PLC 4 DUE 03-30-2022 CUSIP: 404280AN9	60,000.00	59,608.80	65,691.96
Total United Kingdom - USD		**225,884.80**	**240,527.26**

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Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Debt Instruments - Preferred			
United States - USD			
ARCHER DANIELS 4.479 DUE 03-01-2021 CUSIP: 039483BB7	60,000.00	60,437.40	67,788.18
BAXTER INTL INC 2.4% DUE 08-15-2022 CUSIP: 071813BF5	85,000.00	85,029.75	84,089.48
BB&T CORP SR MEDIUM TERM NTS BOOK ENTRY TRANCHE # TR 00012 1.45 01-12-2018 CUSIP: 05531FAM5	65,000.00	64,919.40	65,290.42
BERKSHIRE HATHAWAY 3% DUE 05-15-2022 CUSIP: 084664BT7	50,000.00	49,615.50	52,092.30
BRISTOL MYERS 2% DUE 08-01-2022 CUSIP: 110122AT5	50,000.00	49,257.00	48,397.65
COLGATE-PALMOLIVE CO MTN BOOTRANCHE # TR00094 1.3 1-15-17/11-8-11 CUSIP: 19416QDX5	65,000.00	64,650.30	66,115.72
CONOCOPHILLIPS CDA 5.625% DUE 10-15-2016 CUSIP: 20825TAA5	25,000.00	25,389.75	29,316.45
COSTCO WHSL CORP 1.7% DUE 12-15-2019 CUSIP: 22160KAF2	25,000.00	24,944.00	25,170.25
DANAHER CORP 3.9% DUE 06-23-2021 CUSIP: 235851AM4	25,000.00	24,993.75	28,129.05
DEERE JOHN CAP CORP MEDIUM TERM NTS-BOOK3.15 DUE 10-15-2021 CUSIP: 24422ERH4	65,000.00	64,706.85	68,542.95
DU PONT E I DE 5% DUE 07-15-2013 CUSIP: 263534BU2	25,000.00	25,183.50	25,620.07
GEN ELEC CAP CORP 4.625 DUE 01-07-2021 REG CUSIP: 36962G4Y7	50,000.00	49,779.99	56,714.80
GOLDMAN SACHS 5.75% DUE 01-24-2022 CUSIP: 38141GGS7	65,000.00	64,912.25	76,843.78
INTEL CORP 2.7% DUE 12-15-2022 CUSIP: 458140AM2	60,000.00	59,931.50	59,916.06
INTL BUSINESS 1.875% DUE 08-01-2022 CUSIP: 459200HG9	100,000.00	98,398.00	96,230.60
JPMORGAN CHASE & 4.35% DUE 08-15-2021 CUSIP: 46625HJC5	35,000.00	34,977.25	39,138.29
LOWES COS INC 5% DUE 10-15-2015 CUSIP: 548661CH8	50,000.00	49,733.00	55,855.10
METLIFE INC SR COMPONENT DEB SER C TRANCHE 2 STEP UP 12-15-2022 10-10-2014 CUSIP: 59156RBF4	100,000.00	101,668.00	102,006.70

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Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Debt Instruments - Preferred			
United States - USD			
NATL SEMICONDUCTOR 3.95% DUE 04-15-2015 CUSIP: 637640AF0	60,000.00	65,400.00	64,620.72
NUCOR CORP 4.125% DUE 09-15-2022 CUSIP: 670346AL9	25,000.00	28,105.25	27,648.12
PNC BK N A PITTSBURGH PA 2.7 DUE 11-01-2022 CUSIP: 69349LAG3	65,000.00	65,202.15	65,020.60
PROCTER & GAMBLE 4.95% DUE 08-15-2014 CUSIP: 742718DA4	100,000.00	102,656.00	107,407.10
PUBLIC SERVICE CO OF COLORADO 2.25 DUE 09-15-2022 BEO CUSIP: 744448CF6	65,000.00	64,936.30	64,516.20
SOUTHN CAL EDISON CO 5 DUE 01-15-2016 BEO CUSIP: 842400EY5	115,000.00	112,389.50	128,944.67
U S BANCORP MEDIUM TERM SUB NTS 2.95 DUE07-15-2022 CUSIP: 91159JAA4	65,000.00	66,786.57	65,664.69
UNITEDHEALTH GROUP INC 2.875 DUE 03-15-2022 REG CUSIP: 91324PBV3	100,000.00	99,310.00	102,537.30
UTD PARCEL SVC INC 2.45% DUE 10-01-2022 CUSIP: 911312AQ9	70,000.00	70,408.10	70,022.75
WELLS FARGO & CO 3.5 DUE 03-08-2022 CUSIP: 94974BFC9	65,000.00	64,858.30	69,332.38
3M CO 1.375 DUE 09-29-2016 CUSIP: 88579YAD3	25,000.00	24,789.00	25,513.50
Total United States - USD		**1,763,368.36**	**1,838,485.88**
Total Corporate Debt Instruments - Preferred		**2,961,764.90**	**3,061,990.26**
Corporate Debt Instruments - Other			
United States - USD			
HEWLETT PACKARD CO 3.75% DUE 12-01-2020 CUSIP: 428236BF9	50,000.00	50,324.01	48,444.95
Total United States - USD		**50,324.01**	**48,444.95**
Total Corporate Debt Instruments - Other		**50,324.01**	**48,444.95**

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Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
Australia - USD			
ADR BHP BILLITON LTD SPONSORED ADR CUSIP: 088606108	1,500.00	102,015.00	117,660.00
Total Australia - USD		**102,015.00**	**117,660.00**
Switzerland - USD			
ADR NOVARTIS AG CUSIP: 66987V109	2,000.00	106,461.13	126,600.00
Total Switzerland - USD		**106,461.13**	**126,600.00**
United States - USD			
ABBOTT LAB COM CUSIP: 002824100	1,500.00	82,627.44	98,250.00
AFLAC INC COM CUSIP: 001055102	2,000.00	44,982.60	106,240.00
AIR PROD & CHEM INC COM CUSIP: 009158106	1,000.00	83,174.49	84,020.00
ALTERA CORP COM CUSIP: 021441100	4,000.00	67,200.00	137,760.00
ALTRIA GROUP INC COM CUSIP: 02209S103	4,000.00	81,216.47	125,680.00
AMERICAN EXPRESS CO CUSIP: 025816109	1,000.00	47,535.00	57,480.00
AT&T INC COM CUSIP: 00206R102	4,000.00	96,593.21	134,840.00
BAKER HUGHES INC COM CUSIP: 057224107	2,000.00	99,700.00	81,680.00
BAXTER INTL INC COM CUSIP: 071813109	2,000.00	113,611.00	133,320.00
BECTON DICKINSON & CO COM CUSIP: 075887109	1,000.00	86,895.20	78,190.00
BERKSHIRE HATHAWAY INC-CL B CUSIP: 084670702	750.00	40,585.30	67,275.00
CHEVRON CORP COM CUSIP: 166764100	900.00	69,150.51	97,326.00
CISCO SYSTEMS INC CUSIP: 17275R102	7,000.00	149,497.04	137,550.00

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Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
CME GROUP INC COM STK CUSIP: 12572Q105	1,500.00	74,103.00	76,065.00
CONOCOPHILLIPS COM CUSIP: 20825C104	1,500.00	75,976.36	86,985.00
COSTCO WHOLESALE CORP NEW COM CUSIP: 22160K105	1,700.00	71,041.43	167,909.00
COVIDIEN PLC USD0.20(POST CONSLDTN) CUSIP: G2554F113	1,200.00	61,536.00	69,288.00
DARDEN RESTAURANTS INC COM CUSIP: 237194105	2,000.00	90,460.00	90,140.00
EMC CORP COM CUSIP: 268648102	5,000.00	96,190.00	126,500.00
EMERSON ELECTRIC CO COM CUSIP: 291011104	2,000.00	90,065.62	105,920.00
EXELON CORP COM CUSIP: 30161N101	2,000.00	114,049.86	59,480.00
EXXON MOBIL CORP COM CUSIP: 30231G102	800.00	48,392.06	69,240.00
EXXON MOBIL CORP COM CUSIP: 30231G102	700.00	52,643.50	60,585.00
FREEPORT-MCMORAN COPPER & GOLD INC CUSIP: 35671D857	2,500.00	104,491.39	85,500.00
FRKLN RES INC COM CUSIP: 354613101	800.00	82,841.00	100,560.00
GENERAL DYNAMICS CORP COM CUSIP: 369550108	1,000.00	85,338.75	69,270.00
GENERAL ELECTRIC CO CUSIP: 369604103	6,000.00	155,713.06	125,940.00
GILEAD SCIENCES INC CUSIP: 375558103	1,600.00	24,768.45	117,520.00
GOOGLE INC CL A CL A CUSIP: 38259P508	250.00	119,495.13	177,342.50
HOME DEPOT INC COM CUSIP: 437076102	3,000.00	69,950.00	185,550.00
INTEL CORP COM CUSIP: 458140100	5,000.00	101,073.50	103,150.00

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Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
INTERNATIONAL BUSINESS MACHS CORP COM CUSIP: 459200101	600.00	70,253.01	114,930.00
JACOBS ENGR GROUP INC COM CUSIP: 469814107	1,800.00	112,806.00	76,626.00
JOHNSON & JOHNSON COM USD1 CUSIP: 478160104	1,439.00	76,989.41	100,873.90
JOHNSON CTL INC COM CUSIP: 478366107	1,500.00	46,786.05	46,050.00
JPMORGAN CHASE & CO COM CUSIP: 46625H100	2,000.00	75,354.03	87,940.00
JUNIPER NETWORKS INC COM CUSIP: 48203R104	5,000.00	94,871.50	98,350.00
KELLOGG CO COM USD0.25 CUSIP: 487836108	2,000.00	103,387.00	111,700.00
MC DONALDS CORP COM CUSIP: 580135101	1,500.00	95,187.50	132,315.00
MCGRAW-HILL COS COM USD1 CUSIP: 580645109	2,000.00	77,236.46	109,340.00
MICROSOFT CORP COM CUSIP: 594918104	4,000.00	106,656.42	106,920.00
MONSANTO CO NEW COM CUSIP: 61166W101	1,500.00	21,328.75	141,975.00
NABORS INDUSTRIES COM USD0.10 CUSIP: G6359F103	8,000.00	136,314.20	115,600.00
NEXTERA ENERGY INC COM CUSIP: 65339F101	1,500.00	81,565.84	103,785.00
NOBLE ENERGY INC COM CUSIP: 655044105	1,000.00	65,940.53	101,740.00
PEPSICO INC COM CUSIP: 713448108	1,500.00	103,350.00	102,645.00
PFIZER INC COM CUSIP: 717081103	6,000.00	108,847.96	150,480.00
PG& E CORP COM CUSIP: 69331C108	2,500.00	96,753.05	100,450.00
PHILIP MORRIS INTL COM STK NPV CUSIP: 718172109	2,000.00	92,662.01	167,280.00

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Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
PHILLIPS 66 COM CUSIP: 718546104	750.00	23,956.64	39,825.00
PRECISION CASTPARTS CORP COM CUSIP: 740189105	400.00	65,968.00	75,768.00
PROCTER & GAMBLE COM NPV CUSIP: 742718109	2,000.00	115,424.66	135,780.00
QUALCOMM INC COM CUSIP: 747525103	1,500.00	55,335.00	93,030.00
SCHLUMBERGER LTD COM COM CUSIP: 806857108	1,500.00	96,057.00	103,935.00
SPECTRA ENERGY CORP COM STK CUSIP: 847560109	4,000.00	103,805.00	109,520.00
TJX COS INC COM NEW CUSIP: 872540109	3,000.00	48,580.05	127,350.00
UNITED PARCEL SVC INC CL B CUSIP: 911312106	650.00	46,829.25	47,924.50
UNITED TECHNOLOGIES CORP COM CUSIP: 913017109	1,500.00	116,475.00	123,015.00
US BANCORP CUSIP: 902973304	2,000.00	57,349.84	63,880.00
VERIZON COMMUNICATIONS COM CUSIP: 92343V104	4,000.00	126,522.00	173,080.00
WAL-MART STORES INC COM CUSIP: 931142103	2,000.00	97,354.02	136,460.00
WELLS FARGO & CO NEW COM STK CUSIP: 949746101	1,500.00	40,927.60	51,270.00
Total United States - USD		**5,141,771.15**	**6,466,392.90**
Total Corporate Stock - Common		**5,350,247.28**	**6,710,652.90**
Value of Interest in Registered Investment Companies			
Emerging Markets Region - USD			
MFC ISHARES TR MSCI EMERGING MKTS INDEX FD CUSIP: 464287234	9,000.00	404,665.35	399,150.00
Total Emerging Markets Region - USD		**404,665.35**	**399,150.00**

** All or a portion of this security participates in Securities Lending.

Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Value of Interest in Registered Investment Companies			
International Region - USD			
MFB NORTHN MULTI-MANAGER INTL EQTY FD CUSIP: 665162558	61,788.76	605,941.58	590,700.54
Total International Region - USD		**605,941.58**	**590,700.54**
United States - USD			
MFB NORTHN MULTI-MANAGER MID CAP FD CUSIP: 665162574	10,091.56	100,471.29	119,988.64
Total United States - USD		**100,471.29**	**119,988.64**
MFB NORTHERN FDS MONEY MKT FD MONEY MARKET FUND	1,079,192.22	1,079,192.22	1,079,192.22
Total United States - USD		**1,079,192.22**	**1,079,192.22**
Total Value of Interest in Registered Investment Com		**2,190,270.44**	**2,189,031.40**
Other			
Canada - USD			
HYDRO-QUEBEC GTD GLOBAL NT 2% DUE 06-30-2016 REG CUSIP: 448814JB0	75,000.00	75,081.75	78,150.00
MAN PROV CDA 2.1 DUE 09-06-2022 BEO CUSIP: 563469TX3	60,000.00	59,983.80	59,656.80
ONTARIO PROV CDA BD DTD 01/27/2011 1.375% DUE 01-27-2014 REG CUSIP: 68323AAE4	125,000.00	124,623.75	126,359.00
Total Canada - USD		**259,689.30**	**264,165.80**
Total Other		**259,689.30**	**264,165.80**
Total		13,914,406.58	15,422,015.47

** All or a portion of this security participates in Securities Lending.

Schedule C - Part A

Vendor	Employer Identification Number	Official Plan Position	Party in Interest	Gross Salary or Allowances Paid by Plan	Fees Paid	Service Code
Allocated Fees for top 40 service providers (Greater than or equal to $5,000)						
NORTHERN TRUST COMPANY	36-1561860				11,004.76	TRUSTECO
Total Allocated Fees for top 40 service providers (Greater than or equal to $5,000)					11,004.76	
Total Fees					**11,004.76**	

The Goodwin Ammonia Company Profit Sharing Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
December 31, 2012

Identity of Issuer/Description	Cost	Current Value
Interest-bearing cash:		
City National Bank	$ 334,746	$ 334,746
Other investments, per detail pages attached *	13,914,407	15,422,015
Total	$ 14,249,153	$ 15,756,761

* The above information has been certified as complete and accurate by Northern Trust Company.