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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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 Plan 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.	10/14/2015	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 [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
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:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	113
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	112
a(2) Total number of active participants at the end of the plan year	**6a(2)**	111
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	111
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	111
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	111
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	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.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

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

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

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	109449	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	13050	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAN DIEGO PENSION CONSULTANTS

5628 COPLEY DRIVE
SAN DIEGO, CA 92111

33-0461574

(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?
13 15 17	TPA	8520	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
THE GOODWIN AMMONIA COMPANY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-2387575

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST INVESTMENTS, INC.

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-001	P	13551534

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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)	2485	994013
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	44041	428386
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(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)	15609552	13551534
(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)	1740897	2981502
(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)	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	17396975	17955435
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	446347
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	446347
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	17396975	17509088

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)	309	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		309
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	52500	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		52500
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		876252
(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)		-291534
c Other income	2c		140
d Total income. Add all **income** amounts in column (b) and enter total	2d		1337667
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1094535	
(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)		1094535
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)	13050	
(2) Contract administrator fees	2i(2)	8520	
(3) Investment advisory and management fees	2i(3)	109449	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		131019
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1225554
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		112113
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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		500000
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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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: 0.0% 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, 2014

McGladrey

Assurance ▪ Tax ▪ Consulting

Contents

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McGladrey

Independent Auditor's Report

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

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, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, 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, 2014 and 2013, and for the year ended December 31, 2014, 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 or for the year ended December 31, 2014 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These 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, California
October 13, 2015

The Goodwin Ammonia Company Profit Sharing Plan

Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	2014	2013
Assets		
Interest-bearing cash, nonparticipant-directed	**$ 428,386**	$ 44,041
Investments, nonparticipant-directed (Note 3)	**16,533,036**	17,350,449
Total investments	**16,961,422**	17,394,490
Receivables:		
Accrued interest and dividends	**2,530**	2,485
Proceeds from pending trade settlements	**991,483**	-
Liabilities		
Liabilities from pending trade settlements	**446,347**	-
Net assets available for benefits	**$ 17,509,088**	$ 17,396,975

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, 2014

Additions to net assets attributed to:	
Investment income (Note 3):	
Net appreciation in fair value of investments	$ 584,858
Interest and dividends	52,809
	637,667
Employer contributions	700,000
Total additions	1,337,667
Deductions from net assets attributed to:	
Benefits paid	1,094,535
Administrative expenses	131,019
Total deductions	1,225,554
Net increase	112,113
Net assets available for benefits:	
Beginning of year	17,396,975
End of year	$ 17,509,088

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. The Plan's trustee oversees all operations of the Plan, and the trustee is an officer of the Company. 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' unvested 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's Board of Directors may decide on a contribution based on a percentage of the total eligible compensation of all participants to the Plan. For the year ended December 31, 2014, 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: At December 31, 2014 and 2013, forfeited non-vested accounts totaled $11,027 and $0, respectively. These accounts will be used to allocate to participants in the same manner as employer contributions. Also, in 2014, $11,027 of forfeited non-vested accounts were allocated to participants.

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, 2014, the Plan paid $131,019 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 net assets available for plan benefits 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. The Plan Administrator relies on the estimation and valuation provided by the Plan's custodian, Northern Trust Company (Northern Trust).

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.

Investment valuation and income recognition: The Plan's investments are held by Northern Trust. Investments are reported 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.

Dividend income is recorded on the ex-dividend date and is included in interest and dividends in the statement of changes in net assets available for benefits. Investment transactions are recorded on the trade dates. Interest income is recorded on an accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

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.

The Plan's valuation methodology used to measure the fair value of registered investment companies (mutual funds) is based on quoted market prices. Investments in common collective trust funds and money market fund are stated at estimated fair value, as determined by the Plan Sponsor. The common collective trust funds and money market fund are valued based primarily on the net asset value (NAV) of underlying securities that have observable inputs, including quoted prices for similar assets in active or inactive markets. There have been no changes in the methodology used at December 31, 2014 or 2013.

Note 2. Significant Accounting Policies (Continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the 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 the trade dates. 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.

Recent accounting pronouncements: In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent).* The amendments in this update remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the NAV per share practical expedient. The amendments also remove the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the NAV per share practical expedient. The amendments in this Update are effective for fiscal years beginning after December 15, 2016. Early adoption is permitted. Upon adoption, the amendments shall be applied retrospectively to all periods presented. The Plan's management is currently evaluating the impact this Update will have on the Plan's financial statements.

In July 2015, the FASB issued ASU No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient (consensuses of the FASB Emerging Issues Task Force).* The purpose of this Update is to simplify plan accounting. The amendments in Part I of this update designate contract value as the only required measure for direct investments in fully benefit-responsive investment contracts. Fully benefit-responsive investment contracts will be presented at the contract value; accordingly, there will no longer be an adjustment from fair value to contract value on the face of the financial statements. The amendments in Part II of this Update will eliminate the requirements for plans to disclose (1) individual investments that represent 5 percent or more of net assets available for benefits and (2) the net appreciation or depreciation for investments by general type for both participant-directed investments and nonparticipant-directed investments. The net appreciation or depreciation in investments for the period will still be required to be presented in the aggregate. The amendments in Part III of this Update reduce complexity in employee benefit plan accounting by providing a practical expedient that permits plans to measure investments and investment-related accounts as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end. The Update may be adopted in whole or by part (I, II and III), as applicable. The amendments in this Update are effective for fiscal years beginning after December 15, 2015. Early adoption is permitted. Upon adoption, the amendments in Parts I and II shall be applied retrospectively to all periods presented; the amendments in Part III shall be applied prospectively. The Plan's management is currently evaluating the impact this Update will have on the Plan's financial statements.

Subsequent events: The Plan Administrator has evaluated subsequent events through October 13, 2015, the date the financial statements were available to be issued.

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

The following is a summary of the investment information as of and for the years ended December 31, 2014 and 2013, included throughout the Plan's financial statements and supplemental schedules, that were prepared by or derived from information provided by 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 investments is complete and accurate. Northern Trust certified information as of December 31, 2014 and 2013, and for the year ended December 31, 2014. Accordingly, as permitted by 29 CFR 2520.103-8 of the U.S. 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 and the supplemental schedules related to the following investments.

The Plan's investments that individually represent 5 percent or more of the Plan's net assets available for benefits at December 31, 2014 and 2013 are separately identified.

	2014	2013
Investments at fair value:		
Mutual funds	2,981,502	1,358,726
Common collective trusts		
NT Collective EAFE Index Fund	-	1,999,563
NTCC Emerging Markets Fund	893,212	991,297
NTCC International Equity Fund for Employee Benefit Trusts	-	1,641,281
NT Collective Aggregate Bond Index Fund – Tier H	4,466,784	4,080,622
NT Collective S&P 500 Index Fund	-	2,626,591
NT Collective Quant Index Plus S&P 500 Fund	4,272,179	1,408,765
MFB NTGI-QM Collective Quant Enhanced EAFE Fund	1,474,711	-
Other, less than 5%	2,444,648	3,243,604
Total investments	$ 16,533,036	$ 17,350,449

During 2014 the Plan's investments, including investments bought, sold and held during the year, appreciated in fair value as follows:

Common collective trusts	$ 876,393
Mutual funds	(291,535)
	$ 584,858

Northern Trust certified the completeness and accuracy of $52,500 of interest and dividends and $584,858 of net appreciation of fair value of investments for the year ended December 31, 2014 for assets held by Northern Trust. There were no transfers in or out of Levels 1, 2 or 3 during the years ended December 31, 2014 or 2013.

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

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

	2014			
Investment Category	Fair Value	Level 1	Level 2	Level 3
Mutual funds	$ 2,981,502	$ 381,322	$ 2,600,180	$ -
Money market fund	-	-	-	-
Common collective trusts	13,551,535	-	13,551,535	-
	$ 16,533,036	$ 381,322	$ 16,151,714	$ -

	2013			
Investment Category	Fair Value	Level 1	Level 2	Level 3
Mutual funds	$ 1,358,726	$ 1,358,726	$ -	$ -
Money market fund	382,171	382,171	-	-
Common collective trusts	15,609,552	-	15,609,552	-
	$ 17,350,449	$ 1,740,897	$ 15,609,552	$ -

Fair value of investments in certain entities that calculate NAV per share or its equivalent: The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated during NAV per share (or its equivalent) as of December 31, 2014:

Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption on Notice Period
NT Collective Emerging Markets Index Fund [(a)]	$ 332,157	None	Daily	None
NTCC Emerging Markets Fund for Employee Benefit Trusts [(b)]	893,212	None	Daily	None
NT Collective Enhanced EAFE Index Fund [(c)]	1,474,711	None	Daily	None
Dimensional FD Advisors Intl Value [(d)]	599,676	None	Daily	None
Harding Loevner FDS INC Intl Equity [(e)]	599,671	None	Daily	None
NT Collective Russell 2000 Index Fund [(f)]	381,309	None	Daily	None
NT Collective S&P 400 Index Fund [(g)]	380,233	None	Daily	None
NT Collective Quant Index Plus S&P 500 Fund [(h)]	4,272,179	None	Daily	None
DFA US Small Cap [(i)]	381,322	None	Daily	None
NT Collective TIPS Index Fund [(j)]	350,565	None	Daily	None
Blackrock FDS High Yield [(k)]	515,154	None	Daily	None
NT Collective Aggregate Bond Index Fund - Tier H [(l)]	4,466,784	None	Daily	None
NT Collective Global Real Estate Index Fund [(m)]	592,856	None	Daily	None
Credit Suisse Commodity Return Strategy Fund [(n)]	885,679	None	Daily	None
Collective Short Term Investment Fund [(o)]	407,528	None	Daily	None
	$ 16,533,036			

[(a)] This Fund invests primarily in equity securities of business enterprises organized and domiciled outside of the United States (U.S.) or for which the principal trading market is outside of the U.S.

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

(b) This Fund invests in emerging markets securities directly or through funds including, but not limited to, collective funds, using one or more advisors to recommend specific investments. While emerging markets equity securities will be the predominant asset class, this Fund may invest in other asset classes from time to time, including, but not limited to, short-term investment funds and cash equivalents, and may be highly concentrated in specific sectors or securities.

(c) This Fund invests primarily in equity securities of business enterprises organized and domiciled outside of the U.S. or for which the principal trading market is outside of the U.S.

(d) This Fund is a Feeder Portfolio and purses its objective by investing substantially all of its assets in its corresponding Master Fund. The objective is to achieve long-term capital appreciation.

(e) This Portfolio invests in foreign securities, which will involve greater volatility and political, economic and currency risks, such as exposure to economies less diverse and mature than the U.S. or other more established foreign markets. Economic and political instability may cause larger price changes in markets. Investments in debt securities typically decrease in value when interest rates rise. This risk is usually greater for longer term debt securities. Investment by the Portfolio in lower-rated and non-rated securities presents a greater risk of loss to principal and interest than higher rated securities.

(f) This Fund seeks to provide investment results that approximate the overall performance of the common stocks included in the Russell 2000 Index. The Russell 2000 Index is a composite stock price index of the 2,000 common stocks selected by the Frank Russell Company (a financial service corporation unrelated to Northern Trust Investments, Inc. (Trustee) or any of its affiliates). The Trustee intends not to hold individual securities directly but will instead hold appropriate amounts of units of participation in the Northern Trust Collective Russell 2000 Growth Index Fund—Lending and the Northern Trust Collective Russell 2000 Value Index Fund—Lending (together, the Component Funds). The Trustee may, however, purchase common stocks intended to achieve the Fund's objective.

(g) This Fund seeks an investment return approximating the risk and return characteristics of the Standard & Poor's Mid Cap 400 Composite Index (the Index). The Index is a composite stock price index of 400 common stocks selected by Standard & Poor's that is intended to furnish a dependable measure of the composite price patterns of publicly traded common stocks of mid-sized companies not contained in Standard & Poor's 500 Composite Index. The Fund will include the common stock of those companies included in the Index.

(h) This Fund seeks investment results that outperform the return of the Standard & Poor's 500 Composite Stock Price Index (the S&P 500) and which reflect risk characteristics similar to those of the S&P 500. The Index is a composite stock price index of 500 common stocks selected by Standard & Poor's that is intended to furnish a dependable measure of the composite price patterns of publicly traded common stocks, weighted by capitalization, which represent a cross-section of industry sectors and companies within each industry. The Fund will invest primarily in a broadly diversified portfolio of equity securities that include securities convertible into equity securities (including common stock), warrants, rights, and units or shares in trusts or investment companies. Equity securities purchased for the Fund will generally, but not necessarily, be (a) current or pending constituents of the S&P 500 and (b) traded on a securities exchange.

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

(i) This Fund invests in a broad and diverse group of readily marketable securities of U.S. small cap companies. The higher the relative market capitalization of the U.S. small cap company, the greater its representation. The portfolio will invest at least 80 percent of its net assets in securities of small cap U.S. companies. Small cap companies are considered to be companies whose market capitalization is generally in the lowest 10 percent of total market capitalization, or companies whose market capitalizations are smaller than the one-thousandth largest U.S. company.

(j) This Fund seeks investment results that approximate the overall performance of the Barclay's U.S. Treasury Inflation Protected Securities Index (the Index). The Fund will be invested primarily in securities that comprise the Index, but may not be limited to inflation-indexed and other fixed-income securities of the U.S. government or any agency or instrumentality thereof. The Fund may hold shares of investment companies registered with the U.S. Securities and Exchange Commission, including those of Northern Trust Investments, Inc. (Trustee), as well as units of participation in any fixed-income collective fund established by the Trustee or any of its affiliates.

(k) The High Yield Municipal fund invests a significant portion of its assets in securities in the health sector.

(l) This Fund seeks investment results that approximate the overall performance of the Barclay's U.S. Aggregate Bond Index (the Index). The Fund will be invested primarily, but not exclusively, in securities that comprise the Index, which includes, but may not be limited to (a) fixed-income securities of the U.S. government or any agency thereof, (b) publicly and privately issued U.S. dollar-denominated debt, asset-backed, and commercial mortgage-backed securities of domestic and foreign entities, including, but not limited to, corporate, governmental and supranational entities; master trusts; and special purpose vehicles, (c) mortgage pass-through securities issued by the Governmental National Mortgage Association, the Federal Home Loan Mortgage Corporation, and the Federal National Mortgage Association, and other issuers that might be added to the Index from time to time, and (d) other securities that Northern Trust Investments, Inc. (Trustee) determines will help achieve the Fund's objective. The Fund may hold shares of investment companies registered with the U.S. Securities and Exchange Commission, including those for which the Trustee or any of its affiliates acts as investment advisor; as well as units of participation in any fixed-income collective fund established and maintained by the Trustee or any of its affiliates.

(m) This Fund seeks to provide investment results that approximate the overall performance of the Financial Times Stock Exchange (FTSE) European Public Realtors Association (EPRA)/National Association of Real Estate Investment Trusts (NAREIT) Global Real Estate Index. The Fund will include real estate equities in the FTSE EPRA/NAREIT Global Real Estate Index.

(n) This Fund intends to gain exposure to commodities derivatives through investing in a wholly owned subsidiary, Credit Suisse Cayman Commodity Fund I, Ltd. (the Subsidiary), organized under the laws of the Cayman Islands. The Subsidiary invests in commodity-like derivative instruments, such as swaps and futures. The Subsidiary may also invest in debt securities, some of which are intended to serve as margin or collateral for the Subsidiary's derivatives positions.

(o) The Collective Short Term Investment Fund is composed of high-grade money market instruments with short maturities. The Fund's objective is to provide an investment vehicle for cash reserves while offering a competitive rate of return.

Note 4. Party-in-Interest Transactions

Certain Plan investments are managed by Northern Trust or its affiliates. Northern Trust is the custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions, for which an exemption exists. During the year ended December 31, 2014, the Plan paid investment management fees to Northern Trust totaling $109,449.

Note 5. 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 6. 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 believes that it is currently designed and is being operated in compliance with the applicable requirements of the IRC.

The Goodwin Ammonia Company Profit Sharing Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
December 31, 2014

Identity of Issuer/Description	Cost	Current Value
Interest-bearing cash:		
City National Bank	$ 428,386	$ 428,386
Other investments, per detail pages attached *	15,928,831	16,533,036
Total	$ 16,357,217	$ 16,961,422

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

Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Value of Interest In Common/Collective Trusts			
Emerging Markets Region - USD			
MFB NT COLLECTIVE EMERGING MARKETS INDEXFUND-LENDING CUSIP: 658991138	24,391.09	320,514.77	332,157.86
NTCC EMERGING MARKETS FD FEBT CUSIP: 66599VCF4	1,537.73	840,562.05	893,212.30
Total Emerging Markets Region - USD		**1,161,076.82**	**1,225,370.16**
International Region - USD			
MFB NTGI-QM COLLECTIVE QUANT ENHANCED EAFE FUND - LENDING CUSIP: 658991427	3,743.92	1,575,521.35	1,474,711.36
Total International Region - USD		**1,575,521.35**	**1,474,711.36**
United States - USD			
COLTV SHORT TERM INVT FD CUSIP: 195998AE9	407,527.73	407,527.73	407,527.73
MFB NT COLLECTIVE AGGREGATE BOND INDEX FUND - LENDING - TIER H CUSIP: 66585W103	8,892.13	4,152,328.00	4,466,783.66
MFB NT COLLECTIVE TIPS INDEX FUND - NON LENDING CUSIP: 003999349	2,635.63	348,773.20	350,565.14
MFB NT COLLECTIVE GLOBAL REAL ESTATE INDEX FUND - LENDING CUSIP: 0039999K7	53,637.56	530,722.46	592,855.95
MFB NT COLLECTIVE RUSSELL 2000 INDEX FUND-LENDING CUSIP: 658991377	236.95	320,620.23	381,308.94
MFB NT COLLECTIVE S&P 400 INDEX FUND - LENDING CUSIP: 194992715	6,639.30	332,845.07	380,232.71

** 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 Common/Collective Trusts			
United States - USD			
MFB NTGI-QM COLTV DAILY QUANT INDEX PLUSS&P 500 EQTY FD - LENDING CUSIP: 658991419	7,773.35	3,887,501.20	4,272,178.74
Total United States - USD		**9,980,317.89**	**10,851,452.87**
Total Value of Interest In Common/Collective Trusts		**12,716,916.06**	**13,551,534.39**
Value of Interest in Registered Investment Companies			
International Region - USD			
MFO DIMENSIONAL FD ADVISORS INTL VALUE PORTFOLIO CUSIP: 25434D203	33,975.96	670,194.02	599,675.69
MFO HARDING LOEVNER FDS INC INTL EQUITY PORTFOLIO CUSIP: 412295107	34,149.81	645,267.81	599,670.66
Total International Region - USD		**1,315,461.83**	**1,199,346.35**
United States - USD			
MFO BLACKROCK FDS HIGH YIELD BD PORTFOLIO INSTL CL CUSIP: 091929638	65,374.88	536,979.48	515,154.05
MFO CREDIT SUISSE COMMODITY RETURN STRATEGY FUND INSTITUTIONAL SHARES CUSIP: 22544R305	147,367.60	979,380.00	885,679.27
MFO DFA US SMALL CAP PORTFOLIO CUSIP: 233203843	12,241.48	380,093.42	381,322.10
Total United States - USD		**1,896,452.90**	**1,782,155.42**
Total Value of Interest in Registered Investment Com		**3,211,914.73**	**2,981,501.77**

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

5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest In Common/Collective Trusts									
International Region - USD									
MFB NT COLLECTIVE EAFE INDEX FUND - LEND ING CUSIP: 658991450	-3,887.99	21 Aug 14		489.23		0.00	1,640,367.81	1,902,143.26	261,775.45
MFB NTGI-QM COLLECTIVE QUANT ENHANCED EAFE FUND - LENDING CUSIP: 658991427	4,605.28	21 Aug 14	420.82			0.00	1,938,000.00	1,938,000.00	0.00
NTCC INTL EQUITY FD FEBT CUSIP: 665993440	-2,701.68	21 Aug 14		578.61		0.00	1,391,253.36	1,563,230.61	171,977.25
United States - USD									
MFB NT COLLECTIVE S&P 500 INDEX FUND - L ENDING CUSIP: 658991294	-410.32	19 Aug 14		6,311.39		0.00	2,145,161.65	2,589,676.51	444,514.86
MFB NTGI-QM COLTV DAILY QUANT INDEX PLUS S&P 500 EQTY FD - LENDING CUSIP: 658991419	4,671.18	19 Aug 14	522.78			0.00	2,442,000.00	2,442,000.00	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2013-12-31 VALUE (INCLUDING ACCRUALS) OF 17,352,934.03

5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Aggregate Acquisition Price	Transaction Aggregate Disposition Price	Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
COLTV SHORT TERM INVT FD CUSIP: 195998AE9	Total acquisitions	26	1,697,861.45			0.00	1,697,861.45	1,697.861.45
	Total dispositions	5		1,290,333.72		0.00	1,290,333.72	1,290.333.72
MFB NT COLLECTIVE EAFE INDEX FUND - LEND ING CUSIP: 658991450	Total dispositions	2		2,055,938.26		0.00	1,773,259.88	2,055.938.26
MFB NT COLLECTIVE S&P 500 INDEX FUND - L ENDING CUSIP: 658991294	Total dispositions	2		2,838,326.51		0.00	2,363,640.66	2,838.326.51
MFB NT COLLECTIVE TIPS INDEX FUND - NON LENDING CUSIP: 003999349	Total acquisitions	2	524,295.00			0.00	524,295.00	524.295.00
	Total dispositions	3		695,736.40		0.00	677,358.21	695.736.40
MFB NTGI-QM COLLECTIVE QUANT ENHANCED EAFE FUND - LENDING CUSIP: 658991427	Total acquisitions	1	1,938,000.00			0.00	1,938,000.00	1,938.000.00
	Total dispositions	1		339,284.00		0.00	362,478.65	339.284.00
MFB NTGI-QM COLTV DAILY QUANT INDEX PLUS S&P 500 EQTY FD - LENDING CUSIP: 658991419	Total acquisitions	2	2,681,645.00			0.00	2,681,645.00	2,681.645.00
	Total dispositions	2		149,281.00		0.00	137,143.80	149.281.00
MFO CREDIT SUISSE COMMODITY RETURN STRATEGY FUND INSTITUTIONAL SHARES CUSIP: 22544R305	Total acquisitions	2	979,380.00			0.00	979,380.00	979.380.00
MFO DIMENSIONAL FD ADVISORS INTL VALUE PORTFOLIO CUSIP: 25434D203	Total acquisitions	3	800,954.61			0.00	800,954.61	800.954.61
	Total dispositions	1		116,857.00		0.00	130,760.59	116.857.00
MFO HARDING LOEVNER FDS INC INTL EQUITY PORTFOLIO CUSIP: 412295107	Total acquisitions	2	799,588.92			0.00	799,588.92	799.588.92
	Total dispositions	1		143,304.00		0.00	154,321.11	143.304.00
MFO PIMCO FDS PAC INVT MGMT SER COMMODITY REALRETURN STRATEGY FD INSTL CUSIP: 722005667	Total acquisitions	2	69,969.00			0.00	69,969.00	69.969.00
	Total dispositions	1		863,457.26		0.00	998,094.66	863.457.26
NTCC INTL EQUITY FD FEBT CUSIP: 665993440	Total dispositions	2		1,660,944.61		0.00	1,479,095.00	1,660.944.61

NOTE: TRANSACTIONS ARE BASED ON THE 2013-12-31 VALUE (INCLUDING ACCRUALS) OF 17,352,934.03

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest In Common/Collective Trusts									
International Region - USD									
MFB NT COLLECTIVE EAFE INDEX FUND - LEND ING CUSIP: 658991450	-3,887.99	21 Aug 14		489.23		0.00	1,640,367.81	1,902,143.26	261,775.45
MFB NTGI-QM COLLECTIVE QUANT ENHANCED EAFE FUND - LENDING CUSIP: 658991427	4,605.28	21 Aug 14	420.82			0.00	1,938,000.00	1,938,000.00	0.00
NTCC INTL EQUITY FD FEBT CUSIP: 665993440	-2,701.68	21 Aug 14		578.61		0.00	1,391,253.36	1,563,230.61	171,977.25
United States - USD									
MFB NT COLLECTIVE S&P 500 INDEX FUND - L ENDING CUSIP: 658991294	-410.32	19 Aug 14		6,311.39		0.00	2,145,161.65	2,589,676.51	444,514.86
MFB NTGI-QM COLTV DAILY QUANT INDEX PLUS S&P 500 EQTY FD - LENDING CUSIP: 658991419	4,671.18	19 Aug 14	522.78			0.00	2,442,000.00	2,442,000.00	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2013-12-31 VALUE (INCLUDING ACCRUALS) OF 17,352,934.03

5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Aggregate Acquisition Price	Transaction Aggregate Disposition Price	Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
COLTV SHORT TERM INVT FD CUSIP: 195998AE9	Total acquisitions	26	1,697,861.45			0.00	1,697,861.45	1,697.861.45
	Total dispositions	5		1,290,333.72		0.00	1,290,333.72	1,290.333.72
MFB NT COLLECTIVE EAFE INDEX FUND - LEND ING CUSIP: 658991450	Total dispositions	2		2,055,938.26		0.00	1,773,259.88	2,055.938.26
MFB NT COLLECTIVE S&P 500 INDEX FUND - L ENDING CUSIP: 658991294	Total dispositions	2		2,838,326.51		0.00	2,363,640.66	2,838.326.51
MFB NT COLLECTIVE TIPS INDEX FUND - NON LENDING CUSIP: 003999349	Total acquisitions	2	524,295.00			0.00	524,295.00	524.295.00
	Total dispositions	3		695,736.40		0.00	677,358.21	695.736.40
MFB NTGI-QM COLLECTIVE QUANT ENHANCED EAFE FUND - LENDING CUSIP: 658991427	Total acquisitions	1	1,938,000.00			0.00	1,938,000.00	1,938.000.00
	Total dispositions	1		339,284.00		0.00	362,478.65	339.284.00
MFB NTGI-QM COLTV DAILY QUANT INDEX PLUS S&P 500 EQTY FD - LENDING CUSIP: 658991419	Total acquisitions	2	2,681,645.00			0.00	2,681,645.00	2,681.645.00
	Total dispositions	2		149,281.00		0.00	137,143.80	149.281.00
MFO CREDIT SUISSE COMMODITY RETURN STRATEGY FUND INSTITUTIONAL SHARES CUSIP: 22544R305	Total acquisitions	2	979,380.00			0.00	979,380.00	979.380.00
MFO DIMENSIONAL FD ADVISORS INTL VALUE PORTFOLIO CUSIP: 25434D203	Total acquisitions	3	800,954.61			0.00	800,954.61	800.954.61
	Total dispositions	1		116,857.00		0.00	130,760.59	116.857.00
MFO HARDING LOEVNER FDS INC INTL EQUITY PORTFOLIO CUSIP: 412295107	Total acquisitions	2	799,588.92			0.00	799,588.92	799.588.92
	Total dispositions	1		143,304.00		0.00	154,321.11	143.304.00
MFO PIMCO FDS PAC INVT MGMT SER COMMODITY REALRETURN STRATEGY FD INSTL CUSIP: 722005667	Total acquisitions	2	69,969.00			0.00	69,969.00	69.969.00
	Total dispositions	1		863,457.26		0.00	998,094.66	863.457.26
NTCC INTL EQUITY FD FEBT CUSIP: 665993440	Total dispositions	2		1,660,944.61		0.00	1,479,095.00	1,660.944.61

NOTE: TRANSACTIONS ARE BASED ON THE 2013-12-31 VALUE (INCLUDING ACCRUALS) OF 17,352,934.03

The Goodwin Ammonia Company Profit Sharing Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
December 31, 2014

Identity of Issuer/Description	Cost	Current Value
Interest-bearing cash:		
City National Bank	$ 428,386	$ 428,386
Other investments, per detail pages attached *	15,928,831	16,533,036
Total	$ 16,357,217	$ 16,961,422

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

Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Receivables - Other - USD			
Pending trade sales: United States dollar	0.00	991,483.00	991,483.00
Total - all currencies		**991,483.00**	**991,483.00**
Total Receivables - Other - USD		**991,483.00**	**991,483.00**
Value of Interest In Common/Collective Trusts			
Emerging Markets Region - USD			
MFB NT COLLECTIVE EMERGING MARKETS INDEXFUND-LENDING CUSIP: 658991138	24,391.09	320,514.77	332,157.86
NTCC EMERGING MARKETS FD FEBT CUSIP: 66599VCF4	1,537.73	840,562.05	893,212.30
Total Emerging Markets Region - USD		**1,161,076.82**	**1,225,370.16**
International Region - USD			
MFB NTGI-QM COLLECTIVE QUANT ENHANCED EAFE FUND - LENDING CUSIP: 658991427	3,743.92	1,575,521.35	1,474,711.36
Total International Region - USD		**1,575,521.35**	**1,474,711.36**
United States - USD			
COLTV SHORT TERM INVT FD CUSIP: 195998AE9	407,527.73	407,527.73	407,527.73
MFB NT COLLECTIVE AGGREGATE BOND INDEX FUND - LENDING - TIER H CUSIP: 66585W103	8,892.13	4,152,328.00	4,466,783.66
MFB NT COLLECTIVE TIPS INDEX FUND - NON LENDING CUSIP: 003999349	2,635.63	348,773.20	350,565.14
MFB NT COLLECTIVE GLOBAL REAL ESTATE INDEX FUND - LENDING CUSIP: 0039999K7	53,637.56	530,722.46	592,855.95
MFB NT COLLECTIVE RUSSELL 2000 INDEX FUND-LENDING CUSIP: 658991377	236.95	320,620.23	381,308.94
MFB NT COLLECTIVE S&P 400 INDEX FUND - LENDING CUSIP: 194992715	6,639.30	332,845.07	380,232.71

** 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 Common/Collective Trusts			
United States - USD			
MFB NTGI-QM COLTV DAILY QUANT INDEX PLUSS&P 500 EQTY FD - LENDING CUSIP: 658991419	7,773.35	3,887,501.20	4,272,178.74
Total United States - USD		**9,980,317.89**	**10,851,452.87**
Total Value of Interest In Common/Collective Trusts		**12,716,916.06**	**13,551,534.39**
Value of Interest in Registered Investment Companies			
International Region - USD			
MFO DIMENSIONAL FD ADVISORS INTL VALUE PORTFOLIO CUSIP: 25434D203	33,975.96	670,194.02	599,675.69
MFO HARDING LOEVNER FDS INC INTL EQUITY PORTFOLIO CUSIP: 412295107	34,149.81	645,267.81	599,670.66
Total International Region - USD		**1,315,461.83**	**1,199,346.35**
United States - USD			
MFO BLACKROCK FDS HIGH YIELD BD PORTFOLIO INSTL CL CUSIP: 091929638	65,374.88	536,979.48	515,154.05
MFO CREDIT SUISSE COMMODITY RETURN STRATEGY FUND INSTITUTIONAL SHARES CUSIP: 22544R305	147,367.60	979,380.00	885,679.27
MFO DFA US SMALL CAP PORTFOLIO CUSIP: 233203843	12,241.48	380,093.42	381,322.10
Total United States - USD		**1,896,452.90**	**1,782,155.42**
Total Value of Interest in Registered Investment Com		**3,211,914.73**	**2,981,501.77**
Other Liabilities			
Pending trade purchases: United States dollar	0.00	-446,347.00	-446,347.00
Total - all currencies		**-446,347.00**	**-446,347.00**
Total Other Liabilities		**-446,347.00**	**-446,347.00**
Total		**16,473,968.79**	**17,078,172.16**

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