

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
--	--	---

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information
1a	Name of plan MOSAIC PENSION PLAN FOR UNION HOURLY EMPLOYEES
1b	Three-digit plan number (PN) ▶ 008
1c	Effective date of plan 02/01/1988
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) THE MOSAIC COMPANY ATRIA CORPORATE CENTER 3033 CAMPUS DRIVE - E490 PLYMOUTH, MN 55441
2b	Employer Identification Number (EIN) 20-0891589
2c	Sponsor's telephone number 763-577-2700
2d	Business code (see instructions) 325300

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.	10/15/2010	PAULA HOLDEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

THE MOSAIC COMPANY

ATRIA CORPORATE CENTER
3033 CAMPUS DRIVE - E490
PLYMOUTH, MN 55441**3b** Administrator's EIN

20-0891589

3c Administrator's telephone number

763-577-2700

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**

4051

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**

1545

b Retired or separated participants receiving benefits.....**6b**

1147

c Other retired or separated participants entitled to future benefits.....**6c**

1178

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

3870

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

146

f Total. Add lines **6d** and **6e**.....**6f**

4016

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

2

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

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) ☐**A** (Insurance Information)(4) ☐**C** (Service Provider Information)(5) ☒**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
--	--	---

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

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

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

A Name of plan <u>MOSAIC PENSION PLAN FOR UNION HOURLY EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>008</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE MOSAIC COMPANY</u>	D Employer Identification Number (EIN) <u>20-0891589</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>142859984</u>
b	Actuarial value 2b <u>157145982</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>1245</u> <u>53452322</u>
b	For terminated vested participants 3b <u>1197</u> <u>18673566</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>2701148</u>
(2)	Vested benefits 3c(2) <u>57957085</u>
(3)	Total active 3c(3) <u>1609</u> <u>60658233</u>
d	Total 3d <u>4051</u> <u>132784121</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>8.20</u> %
6	Target normal cost 6 <u>1567257</u>

Statement by Enrolled Actuary

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

SIGN HERE	
Signature of actuary <u>MARK J. FRIEDMAN</u>	Date <u>08-05924</u>
Type or print name of actuary <u>HEWITT ASSOCIATES LLC</u>	Most recent enrollment number <u>847-295-5000</u>
Firm name <u>100 HALF DAY ROAD</u> <u>LINCOLNSHIRE, IL 60069</u>	Telephone number (including area code)
Address of the firm	

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	34674609	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	34674609	0
10	Interest on item 9 using prior year's actual return of <u>-21.91</u> %	-7597207	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		1475538
b	Interest on (a) using prior year's effective rate of <u>6.14</u> %		90598
c	Total available at beginning of current plan year to add to prefunding balance		1566136
d	Portion of (c) to be added to prefunding balance.....		1566136
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	27077402	1566136

Part III Funding percentages			
14	Funding target attainment percentage.....	14	96.78 %
15	Adjusted funding target attainment percentage.....	15	118.34 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	110.57 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/30/2010	3500000				
Totals ►			18(b)	3500000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 3070728
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	1567257
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	1567257
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	490709	0
36 Additional cash requirement (item 34 minus item 35).....	36	1076548
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	3070728
38 Interest-adjusted excess contributions for current year (see instructions).....	38	1994180
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan MOSAIC PENSION PLAN FOR UNION HOURLY EMPLOYEES				B Three-digit plan number (PN) ▶ 008	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE MOSAIC COMPANY				D Employer Identification Number (EIN) 20-0891589	
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: THE MOSAIC CO. DEF BEN PN MAST TRST					
b Name of sponsor of entity listed in (a): THE MOSAIC COMPANY					
c EIN-PN 36-6859475-002		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 147598923	
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)	
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,	

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
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan MOSAIC PENSION PLAN FOR UNION HOURLY EMPLOYEES	B Three-digit plan number (PN) ►	008
C Plan sponsor's name as shown on line 2a of Form 5500 THE MOSAIC COMPANY	D Employer Identification Number (EIN) 20-0891589	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		3500000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	142859984	147598923
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	142859984	151098923

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	142859984	151098923
---	-----------	-----------	-----------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3500000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3500000

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	18425	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		18425

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		10947614
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		14466039

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6227100	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6227100
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6227100

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8238939
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) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name: KPMG LLP

(2) EIN: 13-5565207

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		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.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....		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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.		X	

- 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)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

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

A Name of plan <u>MOSAIC PENSION PLAN FOR UNION HOURLY EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>008</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE MOSAIC COMPANY</u>	D Employer Identification Number (EIN) <u>20-0891589</u>

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	<u>0</u>
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): <u>36-1561860</u>		
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	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 24% Investment-Grade Debt: 66% High-Yield Debt: 1% Real Estate: 6% Other: 3%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☒ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):



**MOSAIC PENSION PLAN FOR
UNION HOURLY EMPLOYEES**

EIN 20-0891589

Plan No. 008

Financial Statements

December 31, 2009 and 2008

(With Independent Auditors' Report Thereon)

**MOSAIC PENSION PLAN FOR
UNION HOURLY EMPLOYEES**

EIN 20-0891589

Plan No. 008

Table of Contents

	Page
Independent Auditors' Report	1
Financial Statements:	
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4



KPMG LLP
4200 Wells Fargo Center
90 South Seventh Street
Minneapolis, MN 55402

Independent Auditors' Report

The Plan Administrator
Mosaic Pension Plan for
Union Hourly Employees:

We were engaged to audit the accompanying statements of net assets available for benefits of the Mosaic Pension Plan for Union Hourly Employees (the Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 3 to the financial statements, which was certified by Russell Trust Company and Northern Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Russell Trust Company held the Plan's investment assets and executed investment transactions from February 20, 2008 to December 31, 2009, and that Northern Trust Company held the Plan's investment assets and executed investment transactions for the period from January 1, 2008 to February 19, 2008. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2009 and 2008 that the information provided to the plan administrator by the trustees is complete and accurate.

Because of the significance of the information in the Plan's financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from the information certified by the trustees, 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.

KPMG LLP

Minneapolis, Minnesota
October 13, 2010

**MOSAIC PENSION PLAN FOR
UNION HOURLY EMPLOYEES**

EIN 20-0891589

Plan No. 008

Statements of Net Assets Available for Benefits

	December 31,	
	2009	2008
Assets:		
Investments:		
Interest in The Mosaic Company Defined Benefit Plan		
Master Trust	\$ 147,598,923	\$ 142,859,984
Net assets available for benefits	\$ 147,598,923	\$ 142,859,984

See accompanying notes to financial statements.

**MOSAIC PENSION PLAN FOR
UNION HOURLY EMPLOYEES**

EIN 20-0891589

Plan No. 008

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2009	2008
Additions:		
Company contributions	\$ —	\$ 2,024,071
Other	18,425	—
Total additions	18,425	2,024,071
Deductions:		
Benefit payments	6,227,100	6,021,211
Administrative and investment expenses	931,970	1,137,256
Total deductions	7,159,070	7,158,467
Investment income (loss) from The Mosaic Company Defined Benefit Plan Master Trust	11,879,584	(34,311,750)
Net increase (decrease)	4,738,939	(39,446,146)
Net assets available for benefits:		
Beginning of year	142,859,984	182,306,130
End of year	\$ 147,598,923	\$ 142,859,984

See accompanying notes to financial statements.

**MOSAIC PENSION PLAN FOR
UNION HOURLY EMPLOYEES**

EIN 20-0891589

Plan No. 008

Notes to Financial Statements

December 31, 2009 and 2008

(1) Description of the Plan

The following description of the Mosaic Pension Plan for Union Hourly Employees (the Plan) provides only general information. Participants should refer to the plan document for a more detailed description of the Plan's provisions.

(a) General

The Plan is a noncontributory, defined benefit pension plan covering certain represented employees of Mosaic Global Holdings Inc. and Mosaic Phosphates MP, Inc. (collectively, the Company). The Plan was established pursuant to collective bargaining agreements with the unions to provide retirement income for the benefit of hourly employees of the Company represented by the unions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective June 1, 2003, pursuant to certain collective bargaining agreements, the Plan was amended to provide that represented employees with certain unions hired, reemployed, or employees who transfer from salaried status to union status on or after June 1, 2003 are not eligible to participate in the Plan.

Pursuant to certain collective bargaining agreements, the Plan was amended effective June 1, 2003 to allow certain participants to freeze their benefit accruals under the Plan and begin participating in the Defined Contribution Retirement Plan (DCRP) feature of the Plan effective January 1, 2004. For participants who chose this option, their benefit at retirement is based on credited service through December 31, 2003 and the applicable union multiplier in effect as of December 31, 2003. For the participants who did not chose this option, their benefit accruals under the Plan were frozen as of December 31, 2007, and they began participating in the DCRP feature of the Plan effective January 1, 2008. Their benefit at retirement is based on credited service through December 31, 2008 and the applicable union multiplier in effect as of December 31, 2008.

Pursuant to certain collective bargaining agreements, the Plan was amended effective January 1, 2008 to allow certain participants to freeze their benefit accruals under the Plan and begin participating in the DCRP feature of the Plan effective January 1, 2008. For participants who chose this option, their benefit at retirement is based on credited service through December 31, 2008 and the applicable union multiplier in effect as of December 31, 2008. For the participants who did not chose this option, their benefit accruals under the Plan continue to accrue; however, the union multiplier was frozen at the December 31, 2008 rate.

(b) Funding Policy

Contributions to the Plan by the Company for the funding of current and past service cost of benefits are determined by the Plan's actuary and are within the funding standards of ERISA. The Company has met the minimum funding requirements in 2009 and 2008.

**MOSAIC PENSION PLAN FOR
UNION HOURLY EMPLOYEES**

EIN 20-0891589

Plan No. 008

Notes to Financial Statements

December 31, 2009 and 2008

While the Company has not expressed any intent to discontinue its contributions, it is free to do so at any time, subject to the provisions of ERISA and the collective bargaining agreements. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by then existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

(c) Administrative Expenses

The Company pays certain administrative expenses of the Plan.

(d) Change in Trustee

Effective February 20, 2008, a new trustee (Russell Trust Company) was appointed to the Plan. The Plan assets transferred to the new trustee were transferred into funds comparable to those offered by the former trustee (Northern Trust Company).

(2) Summary of Significant Accounting Policies

(a) Investment Valuation and Income Recognition

The Plan's beneficial interest in The Mosaic Company Defined Benefit Plan Master Trust (Master Trust) is stated at fair value as described in note 4.

Purchases and sales of securities are accounted for on the trade-date basis. Dividend income is recorded on the ex-dividend date. Interest from investments is recorded on the accrual basis.

Net income or loss from the Master Trust is allocated monthly to each participating plan based on the ratio of each plan's equity to the total equity of all participating plans prior to the allocations.

(b) New Accounting Pronouncements

In June 2009, the Financial Accounting Standards Board (FASB) issued a standard that established the Accounting Standards Codification (ASC) and amended the hierarchy of U.S. GAAP such that the ASC became the single source of authoritative nongovernmental U.S. GAAP. The ASC did not change current U.S. GAAP, but was intended to simplify user access to all authoritative U.S. GAAP by providing all authoritative literature related to a particular topic in one place. All previously existing accounting standard documents were superseded and all other accounting literature not included in the ASC is considered non-authoritative. New accounting standards issued subsequent to June 30, 2009 are communicated by the FASB through Accounting Standards Updates (ASUs). This standard did not have an impact on the Plan's financial statements. However, references in the Notes to the Financial Statements previously made to various former authoritative U.S. GAAP pronouncements have been changed to reflect the appropriate section of the ASC.

**MOSAIC PENSION PLAN FOR
UNION HOURLY EMPLOYEES**

EIN 20-0891589

Plan No. 008

Notes to Financial Statements

December 31, 2009 and 2008

In May 2009, the FASB issued a new accounting standard regarding subsequent events. This standard clarifies that management must evaluate, as of each reporting period, events or transactions that occur after the balance sheet date and through the date financial statements are issued or are available to be issued. This standard is not expected to significantly change practice because its guidance is similar to that in U.S. accounting literature, on which management relied previously for assessing and disclosing subsequent events. In February 2010, the FASB issued ASU No. 2010-09, "*Amendments to Certain Recognition and Disclosure Requirements*", that amends guidance on subsequent events. This amendment removes the requirement for SEC filers to disclose the date through which an entity has evaluated subsequent events. However, the date-disclosure exemption does not relieve management of an SEC filer from its responsibility to evaluate subsequent events through the date on which financial statements are issued. The adoption of this standard did not have a material impact on the Plan's financial statements.

(c) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are the estimated future payments that are attributable under the Plan's provisions to service rendered by the participants to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries.

(d) Use of Estimates

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

(3) Interest in Master Trust and Trustees Certifications

The plan administrator has obtained certifications from Russell Trust Company and Northern Trust Company as of and for the years ended December 31, 2009 and 2008, respectively, that the information provided below to the plan administrator by the trustees is complete and accurate.

The Plan's investments are held in the Master Trust. The Plan's investments in the Master Trust are stated at the Plan's equity in the net assets of the Master Trust at December 31, 2009 and 2008. The Plan held a 45.3% and 45.7% interest in the Master Trust at December 31, 2009 and 2008, respectively. Administrative and investment expenses relating to the Master Trust are allocated to the individual plans based upon the ratio invested by each plan at the time the expense is paid.

**MOSAIC PENSION PLAN FOR
UNION HOURLY EMPLOYEES**

EIN 20-0891589

Plan No. 008

Notes to Financial Statements

December 31, 2009 and 2008

The net assets of the Master Trust are as follows:

	December 31,	
	2009	2008
Investments, at fair value:		
Common collective trust funds	\$ 316,144,064	\$ 303,256,955
Partnership and limited liability company interests	8,176,562	8,265,580
Total investments	<u>324,320,626</u>	<u>311,522,535</u>
Receivables:		
Pending investment transactions for securities sold	1,291,891	1,254,298
Total receivables	<u>1,291,891</u>	<u>1,254,298</u>
Total assets	<u>325,612,517</u>	<u>312,776,833</u>
Net assets	<u>\$ 325,612,517</u>	<u>\$ 312,776,833</u>
Plan's interest in the Master Trust net assets	\$ 147,598,923	\$ 142,859,984

Net investment income (loss) of the Master Trust for the years ended December 31, is summarized as follows:

	2009	2008
Interest and dividend income	\$ 124,886	\$ 2,989,277
Net realized and unrealized appreciation (depreciation) in fair value of investments:		
Common stocks	—	39,507,863
Mutual funds	—	(237,218)
Common collective trust funds	34,729,373	(122,110,218)
Partnership and limited liability company interests	<u>(199,353)</u>	<u>979,980</u>
Total net appreciation (depreciation)	34,530,020	(81,859,593)
Administrative and investment expenses	<u>(1,866,019)</u>	<u>(2,425,475)</u>
Net investment income (loss)	<u>\$ 32,788,887</u>	<u>\$ (81,295,791)</u>

**MOSAIC PENSION PLAN FOR
UNION HOURLY EMPLOYEES**

EIN 20-0891589

Plan No. 008

Notes to Financial Statements

December 31, 2009 and 2008

Individual investments that represent 5% or more of the net assets of the Master Trust as of December 31, were as follows:

	<u>2009</u>	<u>2008</u>
Common collective trust funds:		
Russell Equity I Fund	\$ 15,325,144*	22,070,205
Russell International Fund	17,002,235	19,680,108
Russell Real Estate Equity Fund	11,451,596*	17,593,131
Russell Multi MGR Bond Fund	—	22,229,412
Russell Large Cap Structured Equity Fund	15,325,144*	22,739,038
Russell Long Duration Fixed Income Fund	152,100,728	107,759,183
Russell Long Credit Fixed Fund	87,921,813	65,002,915

* Less than 5% of net assets available for benefits.

The Master Trust has \$767,158 and \$1,006,421 in unfunded capital commitments outstanding at December 31, 2009 and 2008, respectively.

(4) Fair Value Measurements

On January 1, 2008, the Plan adopted ASC 820. ASC 820 defines fair value as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. When determining the fair value measurements for assets and liabilities required to be recorded at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions, and risk of nonperformance.

ASC 820 also establishes a fair value hierarchy that requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. A financial instrument's categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the fair value measurement. ASC 820 established three levels of inputs 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 in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; or
- Level 3: unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

**MOSAIC PENSION PLAN FOR
UNION HOURLY EMPLOYEES**

EIN 20-0891589

Plan No. 008

Notes to Financial Statements

December 31, 2009 and 2008

Investments are stated at fair value. The common/collective trust funds are stated at unit value, which represents the fair value of the underlying investments. Partnership and limited liability company interests are stated at the independently audited net asset value of the underlying fund which approximates fair value. Mutual funds and common stocks are based on quoted market prices.

Instruments Measured at Fair Value on a Recurring Basis

The following table summarized the Master Trust's investments that were accounted for at fair value within the fair value hierarchy of ASC 820, as of December 31, 2009 and 2008 (Level 1, 2 and 3 inputs are defined above):

Fair value measurements as of December 31, 2009 using input type				
	Level 1	Level 2	Level 3	Total
Common collective trust funds	\$ —	\$ 316,144,064	\$ —	\$ 316,144,064
Partnership and limited liability company interests	<u>—</u>	<u>—</u>	<u>8,176,562</u>	<u>8,176,562</u>
Total investments measured at fair value	<u>\$ —</u>	<u>\$ 316,144,064</u>	<u>\$ 8,176,562</u>	<u>\$ 324,320,626</u>

Fair value measurements as of December 31, 2008 using input type				
	Level 1	Level 2	Level 3	Total
Common collective trust funds	\$ —	\$ 303,256,955	\$ —	\$ 303,256,955
Partnership and limited liability company interests	<u>—</u>	<u>—</u>	<u>8,265,580</u>	<u>8,265,580</u>
Total investments measured at fair value	<u>\$ —</u>	<u>\$ 303,256,955</u>	<u>\$ 8,265,580</u>	<u>\$ 311,522,535</u>

**MOSAIC PENSION PLAN FOR
UNION HOURLY EMPLOYEES**

EIN 20-0891589

Plan No. 008

Notes to Financial Statements

December 31, 2009 and 2008

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investments for the year ended December 31, 2009.

	Partnership and limited liability company interests
Balance as of January 1, 2009	\$ 8,265,580
Total realized and unrealized gains*	(199,353)
Purchases, sales, issuances, and settlements (net)	110,335
Balance as of December 31, 2009	<u>\$ 8,176,562</u>

* (\$199,353) approximates the net change in unrealized gains or losses included in the net increase in net assets available for benefits for assets held as of December 31, 2009.

(5) Accumulated Plan Benefits

An actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts or interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

At December 31, 2008, the actuarial present value of accumulated plan benefits was as follows:

Vested benefits:	
Participants currently receiving payments	\$ 60,252,767
Other participants	94,276,428
Total vested benefits	154,529,195
Nonvested benefits	3,311,142
Total actuarial present value of accumulated plan benefits	<u>\$ 157,840,337</u>

**MOSAIC PENSION PLAN FOR
UNION HOURLY EMPLOYEES**

EIN 20-0891589

Plan No. 008

Notes to Financial Statements

December 31, 2009 and 2008

The changes in the actuarial present value of accumulated plan benefits for the period January 1, 2008 to December 31, 2008 were as follows:

Actuarial present value of accumulated plan benefits as of beginning of year	\$ 124,884,002
Benefits paid	(6,021,211)
Increase due to passage of time	10,242,464
Other changes	<u>28,735,082</u>
Actuarial present value of accumulated plan benefits as of end of year	<u>\$ 157,840,337</u>

Other changes within the above table primarily relate to changes in actuarial assumptions from the prior period to the current period presented. The more significant assumptions underlying the actuarial computations for the Plan are as follows:

Interest rate	6.65%
Assumed retirement age	Probability scale extending from age 55 (7% probability of retirement) through age 65 (100% probability of retirement)
Mortality	2009 Static Mortality Table for Annuitants and Non-Annuitants per Section 1.430(h)(3)-1(e)

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

(6) Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service, dated August 13, 2003, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code), and therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

**MOSAIC PENSION PLAN FOR
UNION HOURLY EMPLOYEES**

EIN 20-0891589

Plan No. 008

Notes to Financial Statements

December 31, 2009 and 2008

(7) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits and Company contributions per the financial statements to the Form 5500:

	<u>2009</u>
Net assets available for benefits per the financial statements	\$ 147,598,923
Add Company contribution receivable	<u>3,500,000</u>
Net assets available for benefits per the Form 5500	<u><u>151,098,923</u></u>
 Total Company contributions per the financial statements	 \$ —
Add Company contribution receivable	<u>3,500,000</u>
Total contributions per the Form 5500	<u><u>\$ 3,500,000</u></u>

(8) Risks and Uncertainties

The Plan invests in various investment securities through the Master Trust. 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 the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

(9) Subsequent Events

The Plan has evaluated subsequent events from the statement of net assets available for benefits date through October 13, 2010, the date at which the financial statements were available to be issued, and determined there are no other items to disclose.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**

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

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Mosaic Pension Plan for Union Hourly Employees	B Three-digit plan number (PN) ▶ 008
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The Mosaic Company	D Employer Identification Number (EIN) 20-0891589
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>		
2 Assets:		
a Market value.....	2a	142,859,984
b Actuarial value.....	2b	157,145,982
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 1,245	53,452,322
b For terminated vested participants.....	3b 1,197	18,673,566
c For active participants:		
(1) Non-vested benefits.....	3c(1)	2,701,148
(2) Vested benefits.....	3c(2)	57,957,085
(3) Total active.....	3c(3) 1,609	60,658,233
d Total.....	3d 4,051	132,784,121
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐		
a Funding target disregarding prescribed at-risk assumptions.....	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b	
5 Effective interest rate.....	5	8.20 %
6 Target normal cost.....	6	1,567,257

Statement by Enrolled Actuary

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

SIGN HERE	<i>Mark J. Friedman MF</i>	09/21/2010
Signature of actuary		Date
Mark J. Friedman		08-05924
Type or print name of actuary		Most recent enrollment number
Hewitt Associates LLC		(847) 295-5000
Firm name		Telephone number (including area code)
100 Half Day Road		
Lincolnshire IL 60069		
Address of the firm		

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	34,674,609	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	34,674,609	0
10 Interest on item 9 using prior year's actual return of (21.91)%	(7,597,207)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		1,475,538
b Interest on (a) using prior year's effective rate of 6.14%		90,598
c Total available at beginning of current plan year to add to prefunding balance		1,566,136
d Portion of (c) to be added to prefunding balance		1,566,136
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	27,077,402	1,566,136

Part III Funding percentages

14 Funding target attainment percentage	14	96.77 %
15 Adjusted funding target attainment percentage	15	118.34 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	110.57 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/30/2010	3,500,000				
Totals ▶			18(b)	3,500,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3,070,728

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	1,567,257
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	1,567,257
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	490,709	0
36 Additional cash requirement (item 34 minus item 35)	36	1,076,548
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	3,070,728
38 Interest-adjusted excess contributions for current year (see instructions)	38	1,994,180
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Schedule SB Attachment (Form 5500)—2009 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2009

Date	Amount	Interest Rate	Interest Adjusted Contribution
August 30, 2010	\$ 3,500,000	8.20%	\$ 3,070,728
Total Contribution	\$ 3,500,000		\$ 3,070,728

Schedule SB Attachment (Form 5500)—2009 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.5	7.00%	1.0000	3.89
56.5	5.00%	0.9300	2.63
57.5	5.00%	0.8835	2.54
58.5	5.00%	0.8393	2.46
59.5	6.00%	0.7974	2.85
60.5	8.00%	0.7495	3.63
61.5	11.00%	0.6896	4.66
62.5	20.00%	0.6137	7.67
63.5	15.00%	0.4910	4.68
64.5	60.00%	0.4173	16.15
65	100.00%	0.1669	10.85
Weighted Average			62.01

Schedule SB Attachment (Form 5500)—2009 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates	Based on the October full yield curve with a two month lookback, with sample rates as follows:
Yield Curve	Duration 0.5 - 5.45% Duration 5.5 - 8.25% Duration 10.5 - 8.87% Duration 15.5 - 8.65% Duration 20.5 - 8.11% Duration 25.5 - 7.71% Duration 30.5 - 7.46%
Salary Increases	Not Applicable.
Optional Payment Form Election Percentage	59% elect a life annuity. 36% elect a joint and 50%, 75%, or 100% survivor annuity. 5% elect a 10-year certain and life annuity.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 60.
Mortality Rates	
Healthy and Disabled	2009 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).
Withdrawal Rates	See Table 2.
Disability Rates	None.
Surviving Spouse Benefit	It is assumed that 90% of males and 90% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limit	Projected benefits are limited by the current IRC section 415 maximum benefit of \$195,000.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Trust Expenses Included in Target Normal Cost

Prior year's expenses equal to \$1,137,256.

Expected Return on Assets

2007 Plan Year

6.09%.

2008 Plan Year

6.43%.

Actuarial Method

Standard Unit Credit Cost Method.

Valuation Date

January 1, 2009.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

Table 1
Retirement Rates

Age	Rate
55	7.00%
56	5.00%
57	5.00%
58	5.00%
59	6.00%
60	8.00%
61	11.00%
62	20.00%
63	15.00%
64	60.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—2009 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

Table 2—Page 1 of 2
Termination Rates

Age	Years of Service			
	0	1	2	3+
15	42.45%	32.45%	27.45%	22.45%
16	42.45%	32.45%	27.45%	22.45%
17	42.45%	32.45%	27.45%	22.45%
18	42.45%	32.45%	27.45%	22.45%
19	42.45%	32.45%	27.45%	22.45%
20	42.45%	32.45%	27.45%	22.45%
21	40.95%	30.95%	25.95%	20.95%
22	39.44%	29.44%	24.44%	19.44%
23	37.94%	27.94%	22.94%	17.94%
24	36.44%	26.44%	21.44%	16.44%
25	34.94%	24.94%	19.94%	14.94%
26	34.03%	24.03%	19.03%	14.03%
27	33.13%	23.13%	18.13%	13.13%
28	32.22%	22.22%	17.22%	12.22%
29	31.32%	21.32%	16.32%	11.32%
30	30.42%	20.42%	15.42%	10.42%
31	29.81%	19.81%	14.81%	9.81%
32	29.20%	19.20%	14.20%	9.20%
33	28.60%	18.60%	13.60%	8.60%
34	27.99%	17.99%	12.99%	7.99%
35	27.38%	17.38%	12.38%	7.38%
36	26.77%	16.77%	11.77%	6.77%
37	26.17%	16.17%	11.17%	6.17%
38	25.55%	15.55%	10.55%	5.55%
39	24.94%	14.94%	9.94%	4.94%
40	24.33%	14.33%	9.33%	4.33%
41	24.01%	14.01%	9.01%	4.01%
42	23.69%	13.69%	8.69%	3.69%
43	23.36%	13.36%	8.36%	3.36%
44	23.03%	13.03%	8.03%	3.03%

Schedule SB Attachment (Form 5500)—2009 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

Table 2—Page 2 of 2
Termination Rates

Age	Years of Service			
	0	1	2	3+
45	22.70%	12.70%	7.70%	2.70%
46	22.35%	12.35%	7.35%	2.35%
47	22.01%	12.01%	7.01%	2.01%
48	21.66%	11.66%	6.66%	1.66%
49	21.31%	11.31%	6.31%	1.31%
50	20.95%	10.95%	5.95%	0.95%
51	20.59%	10.59%	5.59%	0.59%
52	20.23%	10.23%	5.23%	0.23%
53+	20.00%	10.00%	5.00%	0.00%

Schedule SB Attachment (Form 5500)—2009 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

Schedule SB, Part V—Summary of Plan Provisions

Minerals Provisions

Normal Retirement

Eligibility

Age 65.

Benefit

The greater of (1) or (2):

1. The Accrued Benefit calculated using IMC Phosphates service only or,
2. The Accrued Benefit based on total credited service (i.e., credited service recognized by the prior employer plus credited service under IMC Phosphates) reduced by the accrued benefit under the prior plan.

For participants that elected to be covered under the Defined Contribution Retirement Plan, the accrued benefit is frozen as of December 31, 2003.

Effective June 1, 2003, there are no new entrants.

Effective December 31, 2007, there are no future accruals for participants at this location.

Early Retirement

Eligibility

Age 55 with ten years of service.

Benefit

Benefit determined in same manner as the Normal Retirement benefit. The benefit is reduced 6% per year for commencement before age 65.

There is no reduction for participants who are age 62 with 30 years of credited service.

Deferred Vested Retirement

Eligibility

Five years of service.

Benefit

Benefit determined in same manner as the Normal Retirement benefit. The benefit is actuarially reduced for commencement before age 65.

Death Benefits

Eligibility

Surviving spouse of vested employees whether active or terminated vested.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

Benefit	Active employees—50% of Accrued Benefit payable at the later of participant's 55th birthday or date of participant's death. Deferred vested employees—The benefit that would have been payable if the participant had retired immediately prior to his/her death with the "Joint and 50% Survivor" option in effect, beginning no earlier than the date the participant would have attained age 55.
Forms of Payment	Single life annuity, 50%, 75%, or 100% joint and survivor annuity, 10 year certain and life annuity.
Definitions	
Accrued Benefit	\$34.00 (effective September 1, 2003) per month per year of credited service.
Actuarial Equivalence	1976 PET mortality table and 6% interest.
Concentrates Provisions	
Normal Retirement	
Eligibility	Age 65.
Benefit	The greater of (1) or (2): 1. The Accrued Benefit calculated using IMC Phosphates service only or, 2.) The Accrued Benefit based on total credited service (i.e., credited service recognized by the prior employer plus credited service under IMC Phosphates) reduced by the accrued benefit under the prior plan. Effective December 31, 2007, there are no new entrants.
Early Retirement	
Eligibility	Age 55 with ten years of service.
Benefit	Benefit determined in same manner as the Normal Retirement benefit. The benefit is reduced 6% per year for commencement before age 65. There is no reduction for participants who are age 62 with 30 years of credited service.
Deferred Vested Retirement	
Eligibility	Five years of service.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

Benefit

Benefit determined in same manner as the Normal Retirement benefit. The benefit is actuarially reduced for commencement before age 65.

Death Benefits

Eligibility

Surviving spouse of vested employees whether active or terminated vested.

Benefit

Active employees—50% of Accrued Benefit payable at the later of participant's 55th birthday or date of participant's death.

Deferred vested employees—The benefit that would have been payable if the participant had retired immediately prior to his/her death with the "Joint and 50% Survivor" option in effect, beginning no earlier than the date the participant would have attained age 55.

Forms of Payment

Single life annuity, 50%, 75%, or 100% joint and survivor annuity, 10 year certain and life annuity.

Definitions

Accrued Benefit

The multiplier from the table below per month per year of credited service:

Effective Date	Scheduled Multiplier
September 24, 2004	\$ 35.00
December 31, 2007	\$ 36.00

Actuarial Equivalence

1976 PET mortality table and 6% interest.

Port Sutton Provisions

Normal Retirement

Eligibility

Age 65.

Benefit

The greater of (1) or (2):

1. The Accrued Benefit calculated using IMC Phosphates service only or,
2. The Accrued Benefit based on total credited service (i.e., credited service recognized by the prior employer

Schedule SB Attachment (Form 5500)—2009 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

plus credited service under IMC Phosphates) reduced by the accrued benefit under the prior plan.

Effective July 1, 1993, the plan was frozen. No additional accruals will be credited after June 30, 1993.

Early Retirement
Eligibility

Age 55 with five years of service.

Benefit

Benefit determined in same manner as the Normal Retirement benefit. The benefit is reduced 6% per year for commencement before age 65.

There is no reduction for participants who are age 62 with 30 years of credited service.

Deferred Vested Retirement
Eligibility

Five years of service.

Benefit

Benefit determined in same manner as the Normal Retirement benefit. The benefit is actuarially reduced for commencement before age 65.

Death Benefits
Eligibility

Surviving spouse of vested employees whether active or terminated vested.

Benefit

The benefit that would have been payable if the participant had retired immediately prior to his/her death with the "Joint and 50% Survivor" option in effect, beginning no earlier than the date the participant would have attained age 55.

Forms of Payment

Single life annuity, 50%, 75%, or 100% joint and survivor annuity, 10 year certain and life annuity.

Definitions

Accrued Benefit

\$31.00 per month per year of credited service.

Actuarial Equivalence

1976 PET mortality table and 6% interest.

Carlsbad Provisions

Normal Retirement

Eligibility

Age 65.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

Benefit

The multiplier from the table below per month per year of credited service:

Effective Date	Scheduled Multiplier
June 1, 2004	\$ 31.00
June 1, 2005	\$ 31.50

For participants that elected to be covered under the Defined Contribution Retirement Plan, the accrued benefit is frozen as of December 31, 2003.

Effective June 1, 2003, there are no new entrants.

Effective December 31, 2007, there are no future accruals for participants at this location.

Early Retirement
Eligibility

Age 55 with five years of service.

Benefit

Benefit determined in same manner as the Normal Retirement benefit. The benefit is actuarially reduced from age 65.

There is no reduction for participants who are age 62 and have ten years of credited service.

Deferred Vested Retirement
Eligibility

Five years of service.

Benefit

Benefit determined in same manner as the Normal Retirement benefit. The benefit is actuarially reduced for commencement before age 65.

Disability Benefit
Eligibility

Five years of service.

Benefit

Benefit determined in same manner as the Normal Retirement benefit. In addition, until the participant qualifies for disability benefits under the Federal Social Security Act, a monthly payment of \$300 is paid to age 62; and a monthly payment of \$150 is paid from age 62 to age 65.

Death Benefits

Schedule SB Attachment (Form 5500)—2009 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

Eligibility	Surviving spouse of vested employees whether active or terminated vested.
Benefit	Active employees—50% of accrued benefit payable at the later of participant's 55th birthday or date of participant's death. Deferred vested employees—The benefit that would have been payable if the participant had retired immediately prior to his/her death with the "Joint and 50% Survivor" option in effect, beginning no earlier than the date the participant would have attained age 55.
Forms of Payment	Single life annuity, 50%, 75%, or 100% joint and survivor annuity, 10 year certain and life annuity.
Actuarial Equivalence	1976 PET mortality table and 6% interest.

Carey Salt Provisions

As of January 1, 2006, there are no longer any active participants in the plan.

Normal Retirement	
Eligibility	Age 65.
Benefit	\$2.25 per month per year of service before October 1, 1969 plus \$13.50 per month per year of service after September 30, 1969, less any offset.
Early Retirement	
Eligibility	Age 55 with 15 years of service
Benefit	Benefit determined in same manner as the Normal Retirement benefit. The benefit is actuarially reduced from normal retirement age.
Deferred Vested Retirement	
Eligibility	Five years of service.
Benefit	Benefit determined in same manner as the Normal Retirement benefit.
Disability Benefit	
Eligibility	Five years of service.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

Benefit

Benefit determined in same manner as the Normal Retirement benefit.

Forms of Payment

Single life annuity, 50%, 75%, or 100% joint and survivor annuity, 5, 10, or 15 year certain and life annuity, 5, 10, or 15 year certain only annuity, lump sum.

Actuarial Equivalence

1984 UP mortality table and 5% interest. IRC Section 417(e) basis for lump sums.

Western-AG Provisions

There are no active participants eligible to receive benefits under these provisions. The benefits were determined under the provisions of the plan in effect when each participant terminated, retired, or upon closure of the facility.

Changes in Plan Provisions Since the Prior Year

The January 1, 2009 funding valuation reflects the following plan change:

- An increase in the annual maximum benefit limit under IRC Section 415 from \$185,000 in 2008 to \$195,000 in 2009.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The target liability was calculated using the full yield curve based on corporate bonds rates for October. As such, "2" was entered on line 21b as the applicable lookback month.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption change:

- A change in the age at which terminated vested employees are assumed to commence benefits from age 65 to age 60.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall by an amount that requires approval of the Commissioner.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

Schedule SB, line 25—Change in Funding Method

- A change in the asset valuation method from an average value method to the two year smoothed value method as of January 1, 2009.
- A change in the interest rate assumption from segment rates to the full yield curve with a two month lookback.
- An addition of assumed expenses payable from the trust to the Target Normal Cost, as required by WRERA.

These changes have automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2009
Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		6	1							
25-29		10	10	1						
30-34		4	13	26						
35-39		12	19	51	9					
40-44		3	13	49	43	44	2			
45-49		5	23	49	47	69	53	25		
50-54			21	43	46	61	76	158	9	
55-59			16	30	49	60	61	112	40	1
60-64			7	11	24	32	27	56	26	18
65-69			5	2	2	8	5	5	3	3
70+				2		3				

Note: Current compensation data was not included since current compensation is not taken into account under the plan's benefit formula.

N-1609