Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
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.)
MOS HOLDINGS, INC.

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.	10/14/2011	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")

MOS HOLDINGS, INC.

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**	4016
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**	1478
b	Retired or separated participants receiving benefits	**6b**	1186
c	Other retired or separated participants entitled to future benefits	**6c**	1121
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	3785
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	205
f	Total. Add lines **6d** and **6e**	**6f**	3990
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**	0
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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

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

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

A Name of plan
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
MOS HOLDINGS, INC.

D Employer Identification Number (EIN)
20-0891589

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2010			
2	Assets:			
a	Market value	**2a**		150921451
b	Actuarial value	**2b**		165445388
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	1286	63934146
b	For terminated vested participants	**3b**	1185	22694315
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		2709467
	(2) Vested benefits	**3c(2)**		63468602
	(3) Total active	**3c(3)**	1545	66178069
d	Total	**3d**	4016	152806530
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.60 %
6	Target normal cost	**6**		1416687

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

	10/05/2011
Signature of actuary	Date
RONALD J. KALVODA	11-06611
Type or print name of actuary	Most recent enrollment number
HEWITT ASSOCIATES LLC	612-339-7501
Firm name	Telephone number (including area code)
45 SOUTH SEVENTH STREET SUITE 2100 MINNEAPOLIS, MN 55402	
Address of the firm	

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	27077402	1566136
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	490709	0
9	Amount remaining (Item 7 minus item 8)	26586693	1566136
10	Interest on item 9 using prior year's actual return of 8.56 %	2275821	134061
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		1994180
b	Interest on (a) using prior year's effective rate of 8.20 %		165290
c	Total available at beginning of current plan year to add to prefunding balance		2159470
d	Portion of (c) to be added to prefunding balance		2159470
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)	28862514	3859667

Part III Funding percentages

14	Funding target attainment percentage	14	86.85 %
15	Adjusted funding target attainment percentage	15	108.27 %
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	117.16 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2010	391815				
07/13/2010	391815				
01/14/2011	374109				
			Totals ► 18(b)	1157739	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	1113688

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.60 %	6.65 %	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 64

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** 1416687

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** 1416687

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	303132	0	303132

36 Additional cash requirement (item 34 minus item 35) **36** 1113555

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 1113688

38 Interest-adjusted excess contributions for current year (see instructions) **38** 133

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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

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

A Name of plan
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
MOS HOLDINGS, INC.

D Employer Identification Number (EIN)
20-0891589

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name: MARK FRIEDMAN	**b** EIN: 36-2235791	
c Position: ACTUARY		
d Address: AON HEWITT 98 HALF DAY ROAD LINCOLNSHIRE, IL 60069	**e** Telephone: 847-442-3222	

Explanation: THE ENROLLED ACTUARY CHANGED WITHIN AON HEWITT.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
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
MOS HOLDINGS, INC.

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-6859475-002	M	165755396

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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

2010

This Form is Open to Public Inspection

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

A Name of plan
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
MOS HOLDINGS, INC.

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	374109
(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)	147598923	165755396
(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)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	151098923	166129505
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	151098923	166129505

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1157739	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	24164	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1181903
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(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)		20395498
(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		21577401
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6546819	
(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)		6546819
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		6546819
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		15030582
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) [X] 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 [X] 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.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		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)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
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
MOS HOLDINGS, INC.

D Employer Identification Number (EIN)
20-0891589

Part I Distributions

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

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

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

EIN(s): 36-1561860

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** 3

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 19% Investment-Grade Debt: 71% High-Yield Debt: 2% Real Estate: 6% Other: 2%

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):

KPMG

MOSAIC PENSION PLAN FOR UNION HOURLY EMPLOYEES

EIN 20-0891589
Plan No. 008

Financial Statements

December 31, 2010 and 2009

(With Independent Auditors' Report Thereon)

MOSAIC PENSION PLAN FOR
UNION HOURLY EMPLOYEES

EIN 20-0891589
Plan No. 008

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Statements of Changes in Net Assets Available for Benefits	3
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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, 2010 and 2009, 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, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2010 and 2009 that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements that we did not audit, we are unable to, 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 trustee, 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 12, 2011

KPMG LLP is a Delaware limited liability partnership, the U.S. member firm of KPMG International Cooperative ("KPMG International"), a Swiss entity.

MOSAIC PENSION PLAN FOR
UNION HOURLY EMPLOYEES

EIN 20-0891589
Plan No. 008

Statements of Net Assets Available for Benefits

December 31, 2010 and 2009

Assets:	2010	2009
Investments:		
Interest in The Mosaic Company Defined Benefit Plan Master Trust	$ 165,755,396	147,598,923
Company contribution receivable	374,109	—
Net assets available for benefits	$ 166,129,505	147,598,923

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, 2010 and 2009

	2010	2009
Additions:		
Company contributions	$ 4,657,739	—
Other	24,164	18,425
Total additions	4,681,903	18,425
Deductions:		
Benefit payments	6,546,819	6,227,100
Administrative and investment expenses	950,852	931,970
Total deductions	7,497,671	7,159,070
Investment income from The Mosaic Company Defined Benefit Plan Master Trust	21,346,350	11,879,584
Net increase	18,530,582	4,738,939
Net assets available for benefits:		
Beginning of year	147,598,923	142,859,984
End of year	$ 166,129,505	147,598,923

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, 2010 and 2009

(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 Fertilizer LLC (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 2010 and 2009.

(Continued)

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.

(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 January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2010-06, *Improving Disclosures about Fair Value Measurements*. This standard requires further disaggregation of assets and a disclosure of valuation techniques for Level 2 and 3 measurements. The Plan adopted the provisions of the standard for the year ended December 31, 2010. The adoption of these provisions did not have a material effect on the Plan's financial statements.

In September 2010, the FASB's Emerging Issues Task Force (EITF) issued EITF 10-C, *Accounting for Participant Loans in Employee Benefit Plan Financial Statements*, which indicates participant loans should be classified as notes receivable carried at amortized cost plus any accrued but unpaid interest and that such loans are exempt from the fair value and credit quality disclosure requirements. This EITF is effective for periods ending after December 15, 2010. The adoption of this guidance did not have a material effect on the Plan's financial statements.

(Continued)

(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) Benefits

Benefits are recorded when paid.

(e) 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 as of and for the years ended December 31, 2010 and 2009 that the information provided below to the plan administrator by the trustee 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, 2010 and 2009. The Plan held a 45.4% and 45.3% interest in the Master Trust at December 31, 2010 and 2009, 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.

(Continued)

The net assets of the Master Trust are as follows:

	December 31	
	2010	2009
Investments, at fair value:		
Common collective trust funds	$ 355,131,071	316,144,064
Partnership and limited liability company interests	8,378,210	8,176,562
Total investments	363,509,281	324,320,626
Receivables:		
Pending investment transactions for securities sold	1,326,939	1,291,891
Total receivables	1,326,939	1,291,891
Total assets	364,836,220	325,612,517
Net assets	$ 364,836,220	325,612,517
Plan's interest in the Master Trust net assets	$ 165,755,396	147,598,923

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

	2010	2009
Interest and dividend income	$ 830,562	124,886
Net realized and unrealized appreciation (depreciation) in fair value of investments:		
Common collective trust funds	46,598,194	34,729,373
Partnership and limited liability company interests	400,810	(199,353)
Total net appreciation	46,999,004	34,530,020
Administrative and investment expenses	(1,963,892)	(1,866,019)
Net investment income	$ 45,865,674	32,788,887

(Continued)

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

	2010	2009
Common collective trust funds:		
Russell Equity I Fund	$ 19,054,398	15,325,144*
Russell International Fund	21,139,596	17,002,235
Russell Large Cap Structured Equity Fund	19,054,398	15,325,144*
Russell Long Duration Fixed Income Fund	167,637,501	152,100,728
Russell Long Credit Fixed Fund	94,895,149	87,921,813

* Less than 5% of net assets available for benefits

The Master Trust has $647,727 and $767,158 in unfunded capital commitments outstanding at December 31, 2010 and 2009, respectively.

(4) Fair Value Measurements

On January 1, 2008, the Plan adopted ASC Topic 820. ASC Topic 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 Topic 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 Topic 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.

(Continued)

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 Topic 820, as of December 31, 2010 and 2009 (Level 1, 2, and 3 inputs are defined above):

	Fair value measurements as of December 31, 2010 using input type			
	Level 1	Level 2	Level 3	Total
Common collective trust funds:	$			
U.S. equities	—	46,593,396	—	46,593,396
International equities	—	25,309,993	—	25,309,993
Fixed income funds	—	270,034,876	—	270,034,876
Real estate funds	—	—	13,192,806	13,192,806
Partnership and limited liability company interests	—	—	8,378,210	8,378,210
Total investments measured at fair value	$ —	341,938,265	21,571,016	363,509,281

	Fair value measurements as of December 31, 2009 using input type			
	Level 1	Level 2	Level 3	Total
Common collective trust funds:	$			
U.S. equities	—	37,474,314	—	37,474,314
International equities	—	20,356,417	—	20,356,417
Fixed income funds	—	246,861,737	—	246,861,737
Real estate funds	—	11,451,596	—	11,451,596
Partnership and limited liability company interests	—	—	8,176,562	8,176,562
Total investments measured at fair value	$ —	316,144,064	8,176,562	324,320,626

There were no transfers between Level 1 and 2 during the years ended December 31, 2010 and 2009.

(Continued)

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, 2010.

	Fair value measurements, Level 3
Balance as of January 1, 2010	$ 8,176,562
Total realized and unrealized gains*	400,810
Transfers in to Level 3	13,192,806
Purchases, sales, issuances, and settlements (net)	(199,162)
Balance as of December 31, 2010	$ 21,571,016

* $400,810 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, 2010.

(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, 2009, the actuarial present value of accumulated plan benefits was as follows:

Vested benefits:	
Participants currently receiving payments	$ 62,826,599
Other participants	93,096,696
Total vested benefits	155,923,295
Nonvested benefits	3,091,032
Total actuarial present value of accumulated plan benefits	$ 159,014,327

(Continued)

The changes in the actuarial present value of accumulated plan benefits for the period January 1, 2009 to December 31, 2009 were as follows:

Actuarial present value of accumulated plan benefits as of beginning of year	$ 157,840,337
Benefits paid	(6,227,100)
Increase due to passage of time	10,292,664
Other changes	(2,891,574)
Actuarial present value of accumulated plan benefits as of end of year	$ 159,014,327

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 (3% probability of retirement) through age 70 (100% probability of retirement)
Mortality	2010 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 September 8, 2010, 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.

(Continued)

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

(7) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of Company contributions per the financial statements to the Form 5500:

	2010
Total Company contributions per the financial statements	$ 4,657,739
Less 2009 Company contribution receivable	(3,500,000)
Total contributions per the Form 5500	$ 1,157,739

(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 12, 2011, 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 Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

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

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

A Name of plan

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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 1 Day 1 Year 2010			
2	Assets:			
	a Market value	2a		150,921,451
	b Actuarial value	2b		165,445,388
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	1,286	63,934,146
	b For terminated vested participants	3b	1,185	22,694,315
	c For active participants:			
	(1) Non-vested benefits	3c(1)		2,709,467
	(2) Vested benefits	3c(2)		63,468,602
	(3) Total active	3c(3)	1,545	66,178,069
	d Total	3d	4,016	152,806,530
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		6.60 %
6	Target normal cost	6		1,416,687

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

Ronald J. Kalvoda — Signature of actuary

10/6/2011 — Date

Ronald J. Kalvoda — Type or print name of actuary

11-06611 — Most recent enrollment number

Hewitt Associates LLC — Firm name

(612)339-7501 — Telephone number (including area code)

45 South Seventh Street Suite 2100

Minneapolis MN 55402 — Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	27,077,402	1,566,136
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	490,709	0
9	Amount remaining (Item 7 minus item 8)	26,586,693	1,566,136
10	Interest on item 9 using prior year's actual return of 8.56%	2,275,821	134,061
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		1,994,180
	b Interest on (a) using prior year's effective rate of 8.20%		165,290
	c Total available at beginning of current plan year to add to prefunding balance		2,159,470
	d Portion of (c) to be added to prefunding balance		2,159,470
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)	28,862,514	3,859,667

Part III Funding percentages

14	Funding target attainment percentage	14	86.85 %
15	Adjusted funding target attainment percentage	15	108.27 %
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	117.16 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2010	391,815				
07/13/2010	391,815				
01/14/2011	374,109				
			Totals ► 18(b)	1,157,739	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	1,113,688

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.60 %	6.65 %	6.76 %	

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 64

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**: 1,416,687

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**: 1,416,687

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	303,132	0	303,132

36 Additional cash requirement (item 34 minus item 35) — **36**: 1,113,555

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — **37**: 1,113,688

38 Interest-adjusted excess contributions for current year (see instructions) — **38**: 133

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)—2010 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 segment rates with no lookback (as of January 2010).
1st Segment Rate	4.60%.
2nd Segment Rate	6.65%.
3rd Segment Rate	6.76%.
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	2010 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 Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $195,000.

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

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).
Expected Return on Assets	
2008 Plan Year	6.43%.
2009 Plan Year	6.69%.
Trust Expenses Included in Target Normal Cost	$931,970. The expenses included in the target normal cost reflect the prior year's administrative and investment expenses.
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2010.

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

Table 1—Page 1 of 2

Retirement Rates—Funding

Age	Rate
55	3.00%
56	3.00%
57	3.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	15.00%
63	20.00%
64	20.00%
65	25.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

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

Table 2—Page 1 of 2

Withdrawal Rates

	Years of Service			
Age	**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, Part V—Statement of Actuarial Assumptions/Methods

Table 2—Page 2 of 2

Withdrawal Rates

	Years of Service			
Age	**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)—2010 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: 2010

Date	Amount	Interest Rate	Interest Adjusted Contribution
April 15, 2010	$ 391,815	6.60%	$ 384,744
July 13, 2010	391,815	6.60%	378,795
January 14, 2011	374,109	6.60%	350,149
Total Contribution	$ 1,157,739		$ 1,113,688

Schedule SB Attachment (Form 5500)—2010 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) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	3.00%	1.0000	1.67
56.5	3.00%	0.9700	1.64
57.5	3.00%	0.9409	1.62
58.5	5.00%	0.9127	2.67
59.5	5.00%	0.8670	2.58
60.5	10.00%	0.8237	4.98
61.5	10.00%	0.7413	4.56
62.5	15.00%	0.6672	6.25
63.5	20.00%	0.5671	7.20
64.5	20.00%	0.4537	5.85
65.5	25.00%	0.3629	5.94
66.5	25.00%	0.2722	4.53
67.5	25.00%	0.2042	3.45
68.5	25.00%	0.1531	2.62
69.5	25.00%	0.1148	2.00
70	100.00%	0.0861	6.03
		Weighted Average	63.59

Schedule SB Attachment (Form 5500)—2010 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 changes:

- A change in the retirement age assumption for active participants from an average age of 62 to an average age of 64.

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)—2010 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

Schedule SB, line 25—Change in Funding Method

The funding valuation reflects the following method change:

- A change in the interest rate basis from the full yield curve with a two-month lookback (as of October 2008) to segment rates with no lookback (4.60%, 6.65%, and 6.76% as of January 2010).

This change has automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2010 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, 2010

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		4								
25-29		7	8							
30-34		2	14	12	5					
35-39		9	18	27	20					
40-44		1	16	35	51	38	5			
45-49		4	14	25	57	66	36	16		
50-54			18	27	52	57	61	162	20	
55-59			15	16	55	54	50	116	69	3
60-64			12	8	24	39	34	50	45	26
65-69			4	4	2	8	6	6	3	5
70+				1	1	1	1			

N-1545

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

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.

Schedule SB, Part V—Summary of Plan Provisions

Minerals Provisions

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	$34.00 (effective September 1, 2003) per month per year of credited service.
Actuarial Equivalence	1976 PET mortality table and 6% interest.

Schedule SB, Part V—Summary of Plan Provisions

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

Schedule SB, Part V—Summary of Plan Provisions

Concentrates Provisions

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.

Schedule SB, Part V—Summary of Plan Provisions

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 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.

Schedule SB, Part V—Summary of Plan Provisions

Port Sutton Provisions

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.

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.

Schedule SB, Part V—Summary of Plan Provisions

Carlsbad Provisions

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	
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.

Schedule SB, Part V—Summary of Plan Provisions

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.
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.

Schedule SB, Part V—Summary of Plan Provisions

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 funding valuation does not reflect any plan changes.

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

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

As a result of an internal change in assignments, the Enrolled Actuary has changed.